The Livity School - Medication Consent Form

Livity School
Every Learner Matters

The Livity School requires signed parental consent to administer any medication to its pupils. Without signed consent, staff will not be able to administer medication. All Medication **MUST** be in its original container, unopened and with the pharmacy label in place. School can only alter dosage that differs from the pharmacy label if a medical letter is provided, such as a clinic letter.

This information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medicine is stopped. I understand that if my child is prescribed an adrenaline auto-injector device (jext or epi pen) the school spare device maybe used in emergency situations if their own device is unavailable.

Pupils Name		D.O.B.	
Address and Telephone number			
GP's Name and Address			
Known Allergens			

As required medications, such as emergency medications are overleaf

Regular Medications

Name & **Strength** of **Medication**		**Name** & **Strength** of **Medication**	
Dose to be given in **ml**		**Dose** to be given in **ml**	
Time to be given		**Time** to be given	
Route (e.g. orally / via gastrostomy)		**Route** (e.g. orally / via gastrostomy)	
Any side effects we need to be aware of?		Any side effects we need to be aware of?	

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Regular Medications

Name & **Strength** of **Medication**	
Dose to be given in **ml**	
Time to be given	
Route (e.g. orally / via gastrostomy)	
Any side effects we need to be aware of?	

Regular Medications

Name & **Strength** of **Medication**	
Dose to be given in **ml**	
Time to be given	
Route (e.g. orally / via gastrostomy)	
Any side effects we need to be aware of?	

As Required Medications

Name & **Strength** of **Medication**	
Dose to be given in **ml**	
Route (eg orally / via gastrostomy)	
Instruction when/what situations to be administered	
Any side effects we need to be aware of?	

As Required Medications

Name & **Strength** of **Medication**	
Dose to be given in **ml**	
Route (eg orally / via gastrostomy)	
Instruction when/what situations it is to be administered	
Any side effects we need to be aware of?	

Parent/Guardians name

Relationship to child

Signature

Date