

**CONSENT TO ADMINISTER MEDICINES
AND
MEDICINES INTO SCHOOL**



School staff will not give any medication unless this form is completed and signed.

- **New medication complete Pages 1 & 2**
- **Repeat medication complete Page 2 only.**

Name of Child:		Date of Birth:	
Address			
Daytime Tel No.			
School			
Class			
Name of Medicine:			
Special precautions e.g. take after eating			
Are there any side effects that the school needs to know about?			
Time of Dose		Dose	
Start Date		Finish Date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

Name of medical professional:	
Contact telephone number:	

I confirm that:

- It is necessary to give this medication during the school day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

PTO

Medication	Quantity	Date	Time
Received By Signature:		Witnessed by signature:	
PRINT NAME:		PRINT NAME	

Signed (parent/carer):	Date:
PRINT NAME:	

Fair Processing Notice

What we need and why we need it

We collect, use and store personal information about our pupils and their parents/carers; this information helps us to:

- support our pupils' teaching and learning;
- follow and report on our pupils' progress;
- provide the right care and support for our pupils;
- understand how well our school is doing as a whole; and
- fulfil our duties under relevant legislation and regulations.

We may occasionally ask you for consent to use your information; however, we will make this clear where consent is our lawful basis.

Our full Fair Processing Notice can be viewed on our website:

<https://forestoakspecial.secure-primariesite.net/fair-processing-notice/>