## **The Livity School - Medication Consent Form**



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.

# **General Information**

| Pupils Name                     | D.O.B. |   |
|---------------------------------|--------|---|
| Address and<br>Telephone number |        | L |
| GP's Name<br>and Address        |        |   |
| Known Allergens                 |        |   |

As required medications, such as emergency medications are overleaf

| Regular Medications  | Regular Medications         |
|----------------------|-----------------------------|
| Name & Strength      | Name & Strength of          |
| of <b>Medication</b> | Medication                  |
| Dose to be given     | Dose to be given            |
| in <b>ml</b>         | in <b>ml</b>                |
| Time to be given     | Time to be given            |
|                      |                             |
| Route (e.g. orally / | <b>Route</b> (e.g. orally / |
| via gastrostomy)     | via gastrostomy)            |

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| Regular Medications  | Regular Medications         |
|----------------------|-----------------------------|
| Name & Strength      | Name & Strength of          |
| of <b>Medication</b> | Medication                  |
| Dose to be given     | Dose to be given            |
| in <b>ml</b>         | in <b>ml</b>                |
| Time to be given     | Time to be given            |
|                      |                             |
| Route (e.g. orally / | <b>Route</b> (e.g. orally / |
| via gastrostomy)     | via gastrostomy)            |

### **As Required Medications**

#### **As Required Medications**

| Name & Strength      | Name & Strength of        |  |
|----------------------|---------------------------|--|
| of <b>Medication</b> | Medication                |  |
| Dose to be given     | Dose to be given          |  |
| in <b>ml</b>         | in <b>ml</b>              |  |
| Route (eg orally /   | <b>Route</b> (eg orally / |  |
| via gastrostomy)     | via gastrostomy)          |  |
| Instruction          | Instruction               |  |
| when/what            | when/what                 |  |
| situations to be     | situations it is to       |  |
| administered         | be administered           |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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.

| Parent/Guardians name<br>Relationship to child |  |
|--|--|
| Date   |  |
| Signature                                      |  |