

## **Parent / carer consent to administer an ‘over-the-counter’ (OTC) medicine**

- All over the counter (OTC) medicines must be in the original container
- A separate form is required for each medicine

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| <b>Child's name</b>  |  |
| <b>Child's date of birth</b>   |  |
| <b>Year / Class</b>  |  |
| <b>Name of medicine</b>  |  |
| <b>How much (dose) to be given.</b><br><b>For example:</b><br><b>One tablet</b><br><b>One 5ml spoonful</b>   |  |
| <b>Has this medication been administered at home within the past 24 hours? If so, how much and when?</b>   |  |
| <b>Reason for medication</b>   |  |
| <b>Duration of medicine*</b><br>Please specify how long your child needs to take the medication for<br><b>*this cannot be longer than 48 hours</b> |  |
| <b>Are there any possible side effects that the school needs to know about? If yes, please list them</b>   |  |

School Name & Address: **East Hunsbury Primary School**

Headteacher: **Kathryn Pennington**

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| <b>Mobile number of parent / carer</b>     |  |
| <b>Daytime landline for parent / carer</b> |  |
| <b>Alternative emergency contact name</b>  |  |
| <b>Alternative emergency phone number</b>  |  |
| <b>Name of child's GP practice</b>         |  |
| <b>Phone number of child's GP practice</b> |  |

- I give my permission for the Headteacher / senior staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that the medicine container will have my child's name on it (this can be hand written).
- I understand that the medicine must be in date.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

|                                 |  |
|---------------------------------|--|
| <b>Parent / carer name</b>      |  |
| <b>Parent / carer signature</b> |  |
| <b>Date</b>                     |  |

*Office use only:*

|                      |  |
|----------------------|--|
| <b>SLT signature</b> |  |
| <b>Date</b>          |  |