



**St Dunstan's**  
College

**APPENDIX 5 – Consent for the Administration of Medicines Form**

To be completed by parents.

Name of pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year Group: \_\_\_\_\_ Form Tutor: \_\_\_\_\_

Reason for medication:

**Details of medication**

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Duration: \_\_\_\_\_

Timing: \_\_\_\_\_  
\_\_\_\_\_

**Contact details**

Name of parent/guardian: \_\_\_\_\_

Full address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_  
\_\_\_\_\_

**Please tick as appropriate**

- For prescription medicine:** I hereby request that the College administers this medication as prescribed by our own GP. I understand that the medication must be provided in a pharmacy-labelled container with my child's name, date of birth and full prescription details on and that the onus is on my child to present to the appropriate member of staff at the right time so that the medication can be administered (unless other arrangements are noted on an IHP)
  
- For over-the-counter medicine provided by parents:** I hereby request that the College administers this medication that we have provided. I understand that the medication must be provided in the original packaging and that the onus is on my child to present to the appropriate member of staff at the right time so that the medication can be administered.
  
- For over-the-counter medicine available at the College:** I consent for the College to administer the following medicines as required (please delete medications as necessary):

Paracetamol / ibuprofen / simple linctus / Piriton / Lemsip / Optrex eye bath / heat sprays  
cold sprays / antihistamine cream for insect bites and stings / Ralgex cream

**IF ANY OF THESE DETAILS CHANGE IN THE FUTURE, IT IS THE PARENTS' RESPONSIBILITY TO INFORM THE COLLEGE IN WRITING.**

Parent/guardian signature:

Date:

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