

HARINGEY COUNCIL

EDUCATION SERVICES

5.8.1.1 Annex 1: PARENTAL CONSENT FOR SCHOOL/CENTRE TO ADMINISTER MEDICATION (FORM AOM 1)

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM, AND WHERE APPROPRIATE FORM AOM 1A WHICH SHOULD BE COMPLETED BY THE GP

Details of Pupil

Surname Forename(s)
Address M/F
Date of Birth
Class/Form:.....

Condition or illness

Name/Type of Medication (as described on container)
For how long will your child take this medication
Date dispensed

Full Directions for use

Dosage :
Timing:
Special Precautions:
Side Effects:
Self Administration:

Procedures to take in an Emergency:

Contact details :

Name : Daytime
Relationship to Pupil Telephone No.
Address

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake.

Date : Signature(s) :

Relationship to pupil.....