

## Medication Consent Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please give details of any people that you wish us to accept telephone consent to administer any medication. This includes parents and any additional contacts.

I/We give permission for the above named student to be administered paracetamol, as per manufacturers guidelines, subject to telephone authorisation, prior to each dosage by the person/s below:

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please advise of all medical conditions (including allergies)/ or medications that the above student takes:

---

---

---

---

---

---

Health Care Plan required YES/NO

(If yes, please attach additional information)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This consent form is valid for the duration that the above named person is a student of Thomas Gainsborough School. Any changes to medical conditions or medications are to be notified to Student Services.