



BANBRIDGE ACADEMY
Medication Consent Form

Pupil's Name: _____ Form Class: _____

Home Address: _____

Doctor: _____ Pupil's Health & Care No: _____

Surgery Address: _____

Doctor's Tel. No. with code: _____

Medical conditions, including allergies (if any): _____

Dietary Requirements (if any): _____

Please indicate which of these medications you consent to your child receiving by **ticking the appropriate box**.

Medication	Consent	
Paracetamol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Primapore dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elastoplast	Yes <input type="checkbox"/>	No <input type="checkbox"/>
After Bite	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prescribed and labelled medication for your child, i.e. antibiotics, eye drops etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your child have any known medical conditions and/or allergies to medications, plasters, food types or stings etc? Yes No

If yes, please provide details of the medical condition/allergy and any prescribed treatment. Please also provide a letter from the GP/Dietician if required. Please note it is your responsibility to ensure that your son/daughter informs the Dining Hall staff of any dietary requirements when they are ordering food.

My child has been diagnosed with asthma/has been prescribed an inhaler
(delete as appropriate) Yes No

If yes
I consent to the use of a Sabutamol (Ventolin) inhaler in an emergency Yes No

I agree to replace the inhaler/spacer that has been used in the emergency Yes No

Please note it is the parents' responsibility to inform the School Nurse of any changes to the above details.

Signed: _____ Date: _____
(Parent/Guardian)

Please sign and return to your son/daughter's Form Teacher