

**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 and special diets for medical conditions (if any):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any known **allergies** to medications, plasters, food types or stings etc?

Yes  No

If yes, please provide details of the 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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"/>

My child has been diagnosed with asthma/has been prescribed an inhaler Yes  No

***If yes***

I consent to the use of a Salbutamol (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 of any changes to the above details.*

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

(Parent/Guardian)

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