



Strathearn School
 188 Belmont Road
 Belfast
 BT4 2AU

Form M6

CONSENT FORM TO ADMINISTER LONG TERM PRESCRIBED OR EMERGENCY MEDICATION NOT CONSENTED FOR IN FORM M2

Only complete this form if this has been provided to your child by the School Health Nurse.

PUPIL DETAILS

Pupil Forename:			
Pupil Surname:			
Date of Birth:	/	/	Form class: <input type="text"/>
Street Address:			
Town/City:	<input type="text"/>	Postcode:	<input type="text"/>
Medical condition or illness:			

MEDICATION

Parents must ensure that medication is in date, correctly labelled with the pupil's name and full administration instructions are provided. The parent will also ensure that medication is replaced as required.

Name of medication as described on the container:			
Expiry date:			
Full directions for use			
Dosage:			
Method of administration:			
Timing of administration:			
Special precautions:			
Side effects the School need to be aware of:			
Self-administration (delete as appropriate):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Procedures to take in an emergency:			

CONTACT DETAILS			
Name:			
Relationship to pupil:			
Mobile number:			
Home number:			
Work number:			
Street address:			
Town/City:		Postcode:	

I understand that I must deliver the medicine personally to the School and accept that this is a service, which the School is not obliged to undertake. I understand that I must notify the School of any changes, to medication, in writing. I understand that I should collect any unused medication at the end of the School year. Any medication not collected will be taken to a pharmacy and disposed of.

Parental signature:	
Date:	