

GASTRO MEDICATION CONSENT FORM



GRANTA SCHOOL MEDICATION FORM

MEDICATION CONSENT FORM (One form for each medication)		
Child's Name:		
Date of Birth:		
Class:		
Name of Medication		
Dose		
Is the medication to be given every day? YES / NO (please delete as appropriate)	If yes: When is it to be given?	If no: Under what circumstances should it be given? E.g. high temperature
Is medication to be given orally or via gastro? If via gastro complete below		
Does it need dissolving in water? If so how much?		
How much flush does child need before and after medication?		
If child has a Jpeg which port should medication be administered through, g or j?		
Name of Parent		
Signature:		
Date:		
Contact Numbers	Home: Work: Mobile:	

Please notify the school of any changes in your child's medicines.

If your child has been given rescue medicine or pain relief before coming to school, please notify school staff e.g. via the diary
Please ensure that any medicine is in the original packaging details your child's name, date of birth, the name of the medicine, the strength, dose and time to be given.