

INSERT PHOTO

Young Person's Name:		Date of Birth	
Address:			
Setting:			
Date of Completion	By Whom:	Staff Involved	
Medical Condition			
Allergies			
Name of Medication			
How the Medication Impacts on the Child Medical			
Dose:	Time:	Route	
Adverse Reaction to Medication			
Emergency Contact Numbers			

Consent to Administer Medication

New Bridge Group will not give your child medicine unless you complete and sign this form. All medication will be administered in line with agreed policies.

New Bridge Group cannot be held responsible for any treatment given or not given if the young person's up-to-date health care plan or other health/medical needs have not been disclosed at the parent's request.



1.	I confirm I am the parent/guardian for this child and I am able to give authority for the administration of the medication.
2.	I agree to my child receiving medication and/or treatment as documented in the health care plan whilst in the care of New Bridge Group staff.
3.	I will provide a letter from the GP/Consultant if medication is changed or stopped.
4.	I understand this is a service which the New Bridge Group is not obliged to undertake if appropriate information has not been supplied.
5.	I understand I am responsible for ensuring the appropriate medication is available.

Medicines must be prescribed by a doctor or dentist and sent to school in the original container with the pharmacy dispensing label attached and information leaflet enclosed.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to New Bridge Group staff administering medicine in accordance with the New Bridge Group's policy. I will inform the centre immediately, in writing, if there is any change to dosage or frequency of the medication or if the medicine is stopped.

Medicines bought 'over the counter' from a pharmacy will not be administered.

If more than one medicine is to be given, a separate consent form should be completed for each one.

Parent/Carer signature:	
Parent/Carer - Print Name:	
Dated:	
Date this plan will be reviewed:	