



MEDICATION UPDATE

(Please complete both sides)

Name of Student:		Date of birth:	
-------------------------	--	-----------------------	--

It is your responsibility to keep the nurses up-to-date with any changes of medication, allergies and dietary requirements as and when they occur.

Please list below any changes in medication or new medication. Please contact the nurses to discuss any changes.

New/Changed Medication	Dose to be Administered	Time of Administration (eg. 09.00 hrs + 15.00 hrs) and route

Current Medication	Dose to be Administered	Time of Administration (eg. 09.00 hrs + 15.00 hrs) and route

This form represents the current medication prescribed for my child and their preferred method of administration.	
Signed: _____ (Parent/Carer)	Date: _____
Print: _____	
VEC staff to sign to confirm the above has been read and the administration documentation amended accordingly.	
Signed: _____	Date: _____
Print: _____	



ALLERGIES AND DIETARY REQUIREMENTS UPDATE

Please list **all** allergies, food intolerances and dietary requirements. This information will replace all previous notifications.

Allergies	Intolerances	Dietary Requirements

MEDICAL CONSENT FORM - Homely Remedies

We require consent from your GP for any homely remedies or non-prescribed medications to be given, with confirmation that they do not have any contradictions with current prescribed medication.

Without this consent/approval we are no longer able to administer any homely remedies.

Please sign the consent form below and answer the following questions:

Please list any medication contradictions:

Name of GP:

Name of Practice:

Signed: _____ (Parent/Carer)

Date: _____

Print: _____

Consent for Administration of Paracetamol

I do*/do not consent (*delete as appropriate) to school nurses administering paracetamol to my child if staff suspect they are in discomfort or have a temperature.

In school, we have 250mg/5ml paracetamol suspension and 500mg tablets.

We will give an age appropriate/weight appropriate dose **UNLESS** you specify otherwise here:

.....

Signed: _____ (Parent/Carer)

Date: _____

Print: _____