**ADMINISTRATION OF MEDICATION - PARENT CONSENT FORM**

**PLEASE HAND TO RELEVANT CHAPERONE ON THE DAY OF THE SHOW**

*Form to be completed by parents if they wish the chaperone to administer medication, for students to self administer medication held by the chaperone or for students to carry his/her medication whilst at the theatre.*

**MEDICATION  
(Please ensure medication is clearly labelled with students name, DOB and dosage)**

Pupils name: Date of Birth:

Condition of illness (or requirement for medication)

Name/type of medication (as described on the container/box):

Is the medication to be self-administered \*: YES/NO

Procedures to take in an emergency:

Administration of Medication Form 1a (Residential Visits) Consent Form

* I accept that there is no legal duty requiring school staff to administer medication therefore it should be noted that this is a service that the school is not obliged to undertake.
* I understand that I must complete this form and return it to the chaperone on the day of the show.
* I give my consent for the nominated chaperone to administer the above medication to the above named student
* I understand that medication supplied must be suitable for use and within date.

Signature(s):.....................................................................Date:............................ Please print name: ............................................................................................... Relationship to pupil:.............................................................................................

**TO BE COMPLETED WHEN STUDENTS ARE TO PERMANENTLY CARRY THEIR MEDICATION (only applicable to Asthma relief medication (Inhalers)**

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Signed: ............................................................. Date: .......................................  
Relationship to child: ............................................................................................

**ANY FURTHER MEDICAL CONDITIONS, THAT CHAPERONES NEED TO BE MADE AWARE OF, THAT MIGHT BE RELEVANT MUST BE DISCLOSED BELOW PLEASE.**

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