

Appendix 3b. Consent form for self-administration of medicines for parents or carers

Patient name	
Parent or carer name	
Hospital number	
Date of birth	
Clinical area	

Or attach patient addressograph.

- I, the parent or carer, have read and understood the [self-administration of medicines information sheet](#).
- I, the parent or carer, understand that the medicine is for the patient's use only and I should give it as instructed. If I, the parent or carer, choose not to give the medicine as instructed, I, the parent or carer, will inform a healthcare professional.
- I, the parent or carer, understand that medicines I have brought in from home will be assessed and used whilst the patient is in hospital if suitable.
- I, the parent or carer, understand that if I am self-administering medication to the patient, I, the parent or carer, will have complete responsibility for those medicines and should inform a member of the healthcare team if anyone (patient or visitor) takes or tries to take any of the patient's medicine.
- I, the parent or carer, understand that if the patient experiences a side effect, I, the parent or carer, will inform a member of the healthcare team.
- I, the parent or carer, understand that medicines that the healthcare team do not want the patient to take will be removed from the locker.
- I, the parent or carer, understand and give my consent that medicines the patient no longer requires or that are out of date, may be destroyed by pharmacy staff. If medicines are out of date, the patient will be given a new supply of them for use in the clinical area.
- I, the parent or carer, understand that I may withdraw my consent at any time by informing a healthcare professional.
- I, the parent or carer, understand that the decision may be taken to withdraw me from the scheme if thought necessary by a registered healthcare professional. I, the parent or carer, understand I will receive an explanation for this, should this happen.
- If I, the parent or carer, have been given a key, I understand I am responsible for the safe custody of the key or digilock code and should return these when I leave the clinical area or if I am no longer participating in the scheme.
- I, the parent or carer, wish to take part in the self-administration scheme and the information I have given is true to the best of my knowledge.

Parent or carer name	
Parent or carer signature	
Date	
Witnessed by	
Date	