**Consent Form for Administration of Buccal Midazolam**

All staff that have received the appropriate training and are considered competent are authorised to give Buccal Midazolam at school/early years setting and respite care.

**Parent/carer Consent**

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| --- | --- |
| **Name of child** |  |

If authorised persons are not available then **999 procedures** will be activated, and **parent/carer informed.**

|  |  |  |  |
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| **Parent/Carer** |  | **Date** |  |

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| --- | --- | --- | --- |
| **On behalf of school/setting** | | | |
| **Head teacher / setting lead or manager** |  | **Date** |  |
| **On behalf of Heart of England Foundation Trust** | | | |
| **Doctor/Nurse** |  | **Date** |  |
| **Reviewed by** |  | **Date** |  |
| **Reviewed by** |  | **Date** |  |