

St Bertelina's Church of England Aided Primary School

Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Daily care requirements (e.g. before sport/lunchtime)

Describe what constitutes an emergency for the child, and action taken if this occurs

Medicine

Note: Medicines must be the original container as dispensed by the pharmacy

Name/type of medicine
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by

[name of member of staff]

Dosage and method

When to be given

Any other instructions

Timing

Special precautions:

Are there any side effects that the school/setting needs to know about?

Self administration

Yes

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Who is the person to be contacted in an emergency (state if different for offsite activities)

Name and phone no. Of GP

I understand that I must deliver the medicine personally to

[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date_____

Signature(s)_____

