



Parent/Head Teacher 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 | Churchill Park School |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|--|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to bus escort/member of staff | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

.....

.....

Parent/Carer

To be completed by School

| | |
|--|---|
| It is agreed that | [name of child] |
| will receive | [quantity and name of medicine] |
| every day at | [time medicine to be administered e.g. Lunchtime or break]. |
| | [name of child] |
| will be given/supervised whilst he/she takes their medication by | |
| [name of class team]. | |
| This arrangement will continue until | [either end date of course of |
| medicine or until instructed by parents]. | |

| | |
|------------------------|------|
| Head Teacher Signature | |
| Print Name | Date |