

# WATLING LOWER SCHOOL

## Parental agreement for school to administer medicine

*The school will not give your child medicine unless you complete and sign this form.*

Name of child ..... Class .....

Date of Birth .....

Medical condition or illness .....

*Medicine (prescription medicines only) to be in original container with label as dispensed by pharmacy.*

Name/type and strength of medicine .....

*(as described on the container)*

Date commenced .....

Dosage and method .....

Time to be given .....

Special precautions .....

Are there any side effects that the School should know about? .....

.....

Self administration: Yes/No (delete as appropriate)

Procedures to take in an emergency .....

Parent/Carer Contact Details: Name .....

Daytime telephone number(s) .....

Relationship to child .....

Address .....

I understand that I must deliver the medicine safely to the school office. Please send the medication home each day Yes/No (please delete as appropriate).

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

Signed .....Please print .....

Date .....

*A separate form must be completed for each medicine.*

## Headteacher agreement to administer medicine

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).....

.....

(Name of child).....will be given/

Supervised whilst he/she takes their medication by (name of member of staff)

.....

This arrangement will continue until (either end date of course of medicine or

until instructed by parents).....

Date.....

Signed.....(Headteacher)