

ST BASIL'S CATHOLIC PRIMARY SCHOOL

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. The school has a policy that authorised staff can administer medicine.

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| Name of child: | |
| Date of birth: | |
| Class: | |
| Medical condition or illness: | |
| Daily care requirements (eg. before sport / lunchtime) | |
| Describe what constitutes an emergency for the child, and action taken if this occurs. | |

Medicine

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

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|--|--|
| Name / type of medicine: <i>(as described on the container)</i> | |
| Date dispensed: | |
| Expiry Date: | |
| Agreed review date to be initiated by : | Mrs Jerram |
| Dosage and method: | |
| When to be given: | |
| Any other instructions: | |
| Timing: | |
| Special precautions: | |
| Has this medicine been administered to the child before, without any adverse side effects? | YES / NO Please give details if No? |
| Are there any side effects that the school / setting needs to know about? | |

| | |
|--|------------|
| Self administration: | YES / NO |
| Procedures to take in an emergency: | |
| <u>Contact Details</u> | |
| Name: | |
| Daytime telephone number: | |
| Relationship to child: | |
| Address: | |
| Who is the person to be contacted in an emergency (state if different for offsite activities): | |
| Name and phone number of GP: | |
| I understand that I must deliver the medicine personally to: | Mrs Jerram |

I accept that this is a service that the school 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 staff (or my son / daughter) administering medicine in accordance with the school policy. I understand that I must notify the school in writing of any change in dosage or frequency of medication or if medication is stopped.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|

HEADTEACHER'S AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

| | | | |
|----------------------|--|---------------|--|
| Child's Name: | | Class: | |
|----------------------|--|---------------|--|

It is agreed that the or appointed member of staff will administer medicine to the above named child, the dosage and timings of which are clearly stated on the parental consent form.

This arrangement will continue until:.....

| | | | |
|---------------------------------|--|--------------|--|
| Headteacher's signature: | | Date: | |
|---------------------------------|--|--------------|--|

