1.1. Appendix ‘A’ 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	St. Peter’s CE Primary School (Heswall)
Full 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 or Calpol (paracetamol) in original packaging. School cannot administer ibuprofen unless prescribed by a doctor.

Name/type of medicine *(as described on the container)*	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	
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	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Mobile telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency (state if different for offsite activities)	
Emergency telephone contact no.	
Name and phone no. of GP	
I understand that I must deliver the medicine personally to	School Office

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.

PRINT NAME _____ Signature(s) _____

DATE: