

Parental agreement for school staff to administer medicine



Please note: All prescription medicine must be securely stored in Student Services. The school will not be able to hold, or allow students access to any medicines without prior parental consent.

Please complete and return this form to Student Services who will keep a record of medication taken. Students should not keep any prescription medicine on their person, however school policy allows students to have a maximum of two over-the-counter painkillers with them each school day. E.g. ibuprofen/ paracetamol).

Date of review to be initiated by:

Weald campus:

Name of child:

Date of birth:

Year and form:

Medical condition or illness:

Medicine

Name/type of medicine:

(As described on the container)

Expiry date:

Dosage and method:

Timing:

Special precautions/ other instructions:

Are there any side effects that the school need to know about?

Procedures to take in an emergency:

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

Contact Details

Name:

Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

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 policy. I will inform the school immediately, in writing, if there are any changes to dosage or frequency of the medication or if the medication is stopped.

Signature: _____

Date: ___/___/___

Record of medicine administered to individual child



Date			
Time given			
Dose given			
Amount left			
Name of staff			
Staff witness			

Date			
Time given			
Dose given			
Amount left			
Name of staff			
Staff witness			

Date			
Time given			
Dose given			
Amount left			
Name of staff			
Staff witness			

Date			
Time given			
Dose given			
Amount left			
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