



Parental Agreement for School to Administer Medicine

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

The school will not give your child medicine unless you complete and sign this form, Daresbury Primary School has a policy that trained staff can administer medicine only if this form has been completed fully.

Name of school	DARESBUURY PRIMARY SCHOOL
Name of child	
Date of birth	/ /
Class	
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	

Medicines

Note: Medicines must be the original container as dispensed by the pharmacy with clearly labelled dosage.

Note: Please note school cannot administer any dosage other than that prescribed on the medication.

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	MRS STAVELEY
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self-administration	YES / NO (please delete as necessary)
Procedures to take in an emergency	

Please Complete Overleaf

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

MRS STAVELEY

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.

I understand that the school will keep a written record of Medicine administered to my child and I will be asked to sign this when the medicine container is returned to me at the end of the course of treatment or when treatment stops.

Date _____

Signature(s) _____