St. Leonard's C of E Primary School

Parental agreement for school to administer medicine

WE WILL ALWAYS ENDEAVOUR TO ADMINISTER MEDICINES, HOWEVER DUE TO THE HIGH DEMANDS OF SCHOOL THIS CANNOT ALWAYS BE GUARANTEED.

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

Name of child: _____

Date of birth: _____ Class: _____

Medical condition or illness: _____

_____

Medication

Name/type of medicine: _____

(as described on the container)

Date dispensed: _____ Expiry date: _____

Dosage and method: _____ Timing: _____

Special precautions / side effects:

_____

_____

Self administration: Yes / No *(delete as appropriate)*

Procedures to take in an emergency: _____

Contact details

Name: _____

Daytime telephone no.: _____

Relationship to child: _____

Address: _____

_____

I understand that I must deliver the medicine personally to the office. I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date: _____ Signature(s): _____

Child's name: _____ Class: _____

Date	Time	Medication	Dose	Reaction	Staff signature *(print name underneath)*

Last day for administration: _____ Date medication returned: _____