



Headteacher: Mr P Newbold

## 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. All medication, with the exception of travel sickness, must be prescribed by a GP, labelled in the name of the child and the dosage must be **at least four times a day**. The patient information leaflet (PIL) must be included. If more than one medicine is to be given a separate form should be completed for each one.

Date for review to be initiated by	
Name of school/setting	Southway Junior School
Name of child	
Date of birth	
Class	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**Note: Medicines must be in the original container as dispensed by the pharmacy and must be handed in to the school office / medical room. All medication should be clearly labelled with the child's name and class. Travel sickness pills must be suitable for the pupil's age and in its original packaging with the patient information leaflet (PIL).**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	the school office / medical room.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_