

<input type="checkbox"/> CLASS	<input type="checkbox"/> SIMS
<input type="checkbox"/> MED RM	
<input type="checkbox"/> CHILD FILE	
<input type="checkbox"/> PE	

PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

Name of School/Setting **Dussindale Primary School**

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by *[name of member of staff]*: _____

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.

Parent's signature: _____ Print Name: _____

PLEASE SIGN THE BACK OF THIS FORM ALSO

CONFIRMATION OF HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICINE

It is agreed that the above named child will receive medicine as stated by the parent. Medicine will be administered by a supervising member of staff as and when needed.

SIGNED _____ DATE _____



Administration of medicines – Parent/Carer Agreement

I have asked that the school give medicine/medical treatment to my child as outlined on the attached form/care plan.

The school has directed me to the school policy on Administration of Medicines. I understand that there is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role*, which staff undertake in order to enable children to attend school, and parents/carers to carry out their normal daily activities.

I understand that staff will always follow the school procedures for administering medicine/treatment as outlined in the school Administration of Medicines policy. However, I also understand that, in the conditions of a busy school, there may be occasions when the correct timing of administration will be hard to ensure, especially if it is in lesson time.

Signed _____ Date _____

Name of Child _____