

Ralph Butterfield Primary School

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

FORM A

The school will not give your child medicine unless this form has been completed and signed.

Name of child :		Class :	
		Date of Birth	
Medical condition or illness :			
Name/type of medicine (<i>as described on the container</i>) storage :			
Date dispensed :			
Expiry date :			
Dosage & method :			
Date & time of last dosage the child was given :			
Date of <u>first</u> dosage to be given in school :			
Date of <u>last</u> dosage to be given in school :			
Time(s) of dosage(s) :			
Possible side effects:			
Child to self-administer :	Yes / No (delete as appropriate)		
Procedures to take in emergency :			
Name & surgery/tel no of GP :			
Has the medicine has been administered without adverse effect to the child in the past and has the parent/carer certified this is the case	Yes / No (delete as appropriate)		

MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY.

Contact Details

Name :	
Daytime tel no :	
Relationship to child :	

I understand that I must deliver the medicine personally to the Headteacher or office staff.

I accept that this is a service that the school is not obliged to undertake.

Signed _____ (Parent/Carer) Date _____

Signed _____ (Headteacher) Date _____