



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE.

It is helpful, where possible if medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents/carers should be encouraged to ask the prescriber about this. 12 Noon will be designated time to administer medication if needed more than 3 times per day/or with food

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Field Junior will never accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction.

The school will **NOT** give your child medicine unless you complete and sign this form.

Name of child	
Date of Birth	
Class	
Medical condition/illness	
Date medicine provided by parent	
Name and strength of medicine (as described on container)	<i>NOTE: medicine must be in original container as dispensed by pharmacy.</i>
Quantity received (ml or number of tablets)	
Expiry Date	
Dose and frequency of medicine	<i>Eg 5ml at 12 noon</i>
Start Date of administering medication	

End Date of administering medication	
Are there any side effects that the school needs to be aware of?	
Self-administration?	YES or NO
Procedures to take in an emergency.	

CONTACT DETAILS

Name	
Daytime telephone number	
Relationship to child.	

I understand that I must deliver and collect the medicine personally to the Headteacher/Deputy Head/Office staff and accept that this is a service that the school is not obliged to undertake. Under NO circumstances should the child have the medicine on their person.

I will inform the school immediately, in writing, if there is any change in dosage of frequency of the medication or if the medication is stopped.

Parent/Guardians signature _____ Print name _____

Date _____

If more than one medicine is to be given, a separate form should be completed for each one.

Headteachers confirmation signature. _____

Appointed First Aiders confirmation signature _____