

St Paul’s CE Primary School

**Parental agreement for school to administer medicine**

|  |  |
| --- | --- |
| Name of school | St Paul’s CE Primary School |
| Name of child |  |
| Date of birth |  |
| Year group |  |
| Medical condition or illness |  |

**Medicine**

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

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact details:**

|  |  |
| --- | --- |
| Name |  |
| Daytime telephone number |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to: | Miss K Harrison  |

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

Signature(s): Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Date** |  |
| **Time** |  | **Time** |  |
| **Dosage** |  | **Dosage** |  |
| **Staff Signature** |  | **Staff Signature** |  |
|  |
| **Date** |  | **Date** |  |
| **Time** |  | **Time** |  |
| **Dosage** |  | **Dosage** |  |
| **Staff Signature** |  | **Staff Signature** |  |
|  |
| **Date** |  | **Date** |  |
| **Time** |  | **Time** |  |
| **Dosage** |  | **Dosage** |  |
| **Staff Signature** |  | **Staff Signature** |  |
|  |
| **Date** |  | **Date** |  |
| **Time** |  | **Time** |  |
| **Dosage** |  | **Dosage** |  |
| **Staff Signature** |  | **Staff Signature** |  |
|  |
| **Date** |  | **Date** |  |
| **Time** |  | **Time** |  |
| **Dosage** |  | **Dosage** |  |
| **Staff Signature** |  | **Staff Signature** |  |