Parental agreement to administer medicine

Durweston CE Primary School

Date…………………………… Child's Name…………………………………………………………… Class ……………………………………

Medical condition or illness………………………………………………………… Self-administration?......................................

Name/strength of medicine ……………………………………………………… Expiry Date………………………………………..

How much to give (dose)………………………………………….... When to be given…………………………………………….

Any other instructions………

Are there any side effects that the school should be aware of?..

NOTE: ALL MEDICINES MUST BE IN THEIR ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY WITH THE CHILD'S NAME AND DOSAGE NOTED ON THE CONTAINER/PACKAGING ALONG WITH ANY WARNING NOTES.

Daytime name and phone number of parent or adult contact (please state relationship to child)

Name and phone number of GP

…………………………………………………………………..   …………………………………………………………………………

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

Parent's signature…………………………………………….. Print name……………………………………………. Date………..............

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

Headteacher's agreement to administer medicine

It is agreed that the above child will receive the medication as stated above. The medication will be given/supervised whilst he/she takes it. Inhalers can be administered by all staff.

This arrangement will continue until ………………………………………………… (either end date of course of medicine or as agreed by school)

Signed (Headteacher)……………………………………………………   Date…………………………………………

Medication in	Date	Signature/Print name
Check agreement is complete		
Medication is for named child, in date and in original container. *Check Asthma inhaler's box and cartridge date match*		
Class staff to see form and sign below		
Form to Headteacher for signature		
Un-boxed bottles to go in a named, clear bag before going to the fridge/classroom. *Please refer to the bottle for instructions.* **CONTROLLED DRUGS, i.e. METHYLPHENIDATE, NEED TO GO UNDER DUEL CONTROL – PLEASE REFER TO CLASS TEACHER.**		
If medical condition/illness is long term, (i.e. Asthma) enter on Medical notes.		

Signatures of class staff

I understand that as the person administering/supervising medication I must complete the **record of medicines administered to children** at the time of administering /supervising.

If I give the medication late (10 minute leeway i.e. 12.30 can be given in a window of 10 minutes either side 12.20-12.40), then I will contact the parent.

Print name	Signature