**Parental agreement for St Paul’s CE Junior School to administer medicine**

The school will not give your child prescription medicine unless you complete and sign this form. A separate form is required for each medicine.

|  |  |
| --- | --- |
| Name of child   |   |
| Date of birth   |   |
| Class  |   |
| Medical condition or illness   |   |
| **Medicine**  |   |
| Name/type of medicine (as described on the container)  |   |
| Date dispensed  |   |
| Expiry date  |   |
| Dosage and method  |    |
| Timing  |   |
| Special precautions  |   |
| Are there any side effects that the school needs to know about?  |   |
| Self administration Yes/No (delete as appropriate)  |   |
| Procedures to take in an emergency   |   |
| **Contact Details**  |   |
| Name  |   |
| Daytime telephone no.  |   |
| Relationship to child  |   |
| Address  |     |

I understand that I must deliver the medicine personally to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I accept that this is a service that the school is not obliged to undertake and that I must notify the school of any changes in writing.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 2**

**St Paul’s CE Junior School**

**Record of medicine administered to an individual child**

|  |  |
| --- | --- |
| Name   | Class  |
| Name and strength of medicine   | Expiry date   |
| Dose and frequency of medicine   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date  | Time given   | Dose given   | Name of member of staff   | Staff signature   |
|   |   |   |   |   |
|   |   |   |   |   |
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|   |   |   |   |   |

**At the end of the course this form must be signed off by a parent/carer.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_