ELSENHAM C. OF E. PRIMARY SCHOOL

Parental Agreement for School to Administer Ongoing Medication

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of Child	
Class	
Medical Condition	
Name of Medication	
Note: Medicines must be labelled with the child's name and in the original container as dispensed by the pharmacy	
Expiry Date	
Dosage & Method	
When to be Administered	
Special Precautions / Any Other Instructions	
Possible Side Effects?	
Can the Child Self-Administer?	Yes / No
Procedures to be Taken in an Emergency	
Name & Contact Number of GP	

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

I agree to the procedures detailed in this plan being administered in school and to my child's photo and condition being displayed in the First Aid Folder to ensure that all relevant parties are aware. In the event that these procedures cannot be implemented at any time, the school will follow advice received from the health professionals in summoning the emergency services where appropriate.

Contact Details:

Parent's Signature:_____ Date: _____

Print Name:_____

Relationship to Child: _____

Daytime Contact Number: _____