ELSENHAM C. OF E. PRIMARY SCHOOL

Parental Agreement for School to Administer Temporary 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		
Name of Medication		
Note: Medicines must be labelled with the child's name and in the original container as dispensed by the pharmacy		
Dosage		
Dates & Times to be Given	Start Date:	Time:
Number of days to be Taken (if applicable)		
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 understand that I must deliver and collect the medicine personally to the School Office. I agree to the procedures detailed in this plan being administered. 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: _____