**CARRINGTON JUNIOR SCHOOL**

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date for review to be initiated by |  | | | |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Class |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage and method |  | | | |
| Timing |  | | | |
| For how long will this medicine be administered |  | | | |
| 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 with the prescription label attached.**  **Contact Details** | | | | |
| Name |  | | | |
| Daytime telephone no. |  | | | |
| Relationship to child |  | | | |
| Address |  | | | |
| I understand that I must deliver the medicine personally to | A member of the admin staff | | | |

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’s policy.

*Please turn over…*

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

# CARRINGTON JUNIOR SCHOOL

**CONFIRMATION OF THE HEADTEACHER’S AGREEMENT TO ADMINISTER MEDICINE**

It is agreed that **……………………………………………..** (*name of pupil)* will receive **……………………………………………………………** (*quantity and name of medicine)* every day at **…………………………** (*time medicine to be administered e.g. Lunchtime)*.

**……………………………………….……** (*name of pupil)* will be given/supervised whilst he/she takes their medication by a member of staff.

This arrangement will continue until **………………………..…** (*either end date of course of medicine or until instructed by parents).*

|  |  |
| --- | --- |
| Date: |  |
| Signed: |  |
| *Headteacher* | |
|  | |
|  | |