Locks Heath Junior School

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Name of child	
Date of Birth	
Class	
Medical condition or illness	
GP Surgery and contact number	

Medicine – please note: Medicines must be in the original container/package as dispensed by the pharmacy. A syringe/spoon must be supplied with any liquid medicines.

	Priority Medicine 1	**Medicine 2**
Name/type of medicine (as described on the container)		
Expiry Date		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects that the school need to know about?		
Self-administration?	**Yes/No**	**Yes/No**
Procedures to take if an emergency (if any)		
DURATION OF MEDICINE - PLEASE GIVE LAST DATE OF MEDICINE TO BE GIVEN/OR ONGOING		

Name of parent/guardian	
Daytime telephone number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to a member of the office 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 policy. 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.

I agree to my child being administered an emergency reliever inhaler (blue) should their inhaler be mislaid or not in school.

Signature of parent ……. Date …….

Medicine Administration Tracking Form (school use only)

Medicine Name	Form (eg, syrup/tablets)	Amount needed	Reason for medicine	Date	Time	Name	Witness