

Frieth CEC School - Parent agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | | |
|---|--------------|------------------|
| Name/type of medicine <i>(as described on the container)</i> | | |
| Expiry date | | |
| Dosage and method | | |
| Timing | | |
| Special precautions/other instructions | | |
| Are there any side effects that the school/setting needs to know about? | | |
| Self-administration – y/n | | |
| Procedures to take in an emergency | | |
| Prescription/Non-Prescription <small>(Delete as appropriate)</small> | Prescription | Non-Prescription |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|---|--|
| Parent/Carer | |
| Daytime telephone no. | |
| Alternative Emergency Contact | |
| Alternative Emergency Number | |
| GP Name & Tel Number | |
| I understand that I must deliver the medicine personally to the school office | |

Prescribed Medication:

- 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.

Non-prescription medication:

- I give permission for a member of staff to administer the PTC medicine to my son/daughter during the time he/she is at school.
- I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past.
- I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.

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

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.

Signature(s) _____

Date _____