## Parental agreement for St Paul's CE Junior School to administer medicine

The school will not give your child prescription medicine unless you complete and sign this form. A separate form is required for each medicine.

Name of child				
Date of birth				
Class				
Medical condition or illness				
Medicine				
Name/type of medicine (as described on the container)				
Date dispensed				
Expiry date				
Dosage and method				
Timing				
Special precautions				
Are there any side effects				
that the school needs to know				
about?				
Self administration Yes/No				
(delete as appropriate)				
Procedures to take in an				
emergency				
Contact Details				
Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to  I accept that this is a service that the school is not obliged to undertake and that I must notify the school of any changes in writing.  Date: Signature:				

## St Paul's CE Junior School Record of medicine administered to an individual child

Name		Class					
Name and strength of medicine			Expiry date				
Dose and frequency of medicine							
	I <b></b> .						
Date	Time given	Dose given		Name of member of staff	Staff signature		
At the end of the course this form must be signed off by a parent/carer.							
Signature				Date			