**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 2**

**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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time given | Dose given | Name of member of  staff | Staff  signature |
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**At the end of the course this form must be signed off by a parent/carer.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_