



Summercroft Primary School

'Achieving through care, challenge and creativity'

Registered at Companies House No. 7715667

Parental Agreement to Administer Ongoing Medication

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

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

Special precautions/other instructions

Are there any side effects that the school needs to know about?

Self-administration – yes/no

Procedures to take in an emergency

NB: Medicines must be labelled with the child's name and in the original container as dispensed by the pharmacy.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver and collect the medicine personally to

The School Office staff



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I agree to the procedures detailed in this plan being administered in school and to my child's photo and condition being displayed in the staffroom and the class Medication Folder to ensure that all relevant parties are aware. In the event that these procedures cannot be implemented at any time, the school will follow advice received from the health professionals in summoning the emergency services where appropriate.

Signature(s).....Date.....

Dates and times Medicine Administered (To be completed by staff)

Date:	Time:	Time:
	Dose:	Dose:
	Staff:	Staff:
	Witness:	Witness:

Date:	Time:	Time:
	Dose:	Dose:
	Staff:	Staff:
	Witness:	Witness:

Date:	Time:	Time:
	Dose:	Dose:
	Staff:	Staff:
	Witness:	Witness:

Date:	Time:	Time:
	Dose:	Dose:
	Staff:	Staff:
	Witness:	Witness:

Date:	Time:	Time:
	Dose:	Dose:
	Staff:	Staff:
	Witness:	Witness: