FOX WOOD SCHOOL

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will only give your child medicine when you complete and sign this form, and the school has a policy that staff can administer medicine when trained to do so.

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| Name of School | FOX WOOD SCHOOL |
| Name of Pupil |  |
| Date of birth |  |
| Medical condition or illness |  |
| Medicine |  |
| Has the medication been prescribed by your child’s doctor? | Yes 🞎 No 🞏 |
| Or has the medication been purchased over the counter e.g. calpol, piriton? | Yes 🞎 No 🞏 |
| Name of medicine |  |
| Expiry date |  |
| Dosage (in line with prescription/manufacturer’s instructions) |  |
| Time to be given at school |  |
| Special precautions |  |
| Are there any side effects that the school needs to know about? |  |
| Contact Details |  |
| Name |  |
| Daytime telephone number |  |
| Relationship to child |  |
| I understand that the medicine must be delivered to school by myself or a named responsible adult. I understand that medicines must be in the original container  I accept that this is a service that the school is not obliged to undertake.  I will notify the school of any changes in writing | |

Date: ………………………………… Signature: ………………………………………

Reviewed: …………………………..