**Parental agreement for South Molton Community Primary School to administer medicine**

South Molton Community Primary School will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine; this is available on request.

|  |  |
| --- | --- |
| Date |  |
| Name of child |  |
| Date of birth |  |
| Group/class/form |  |
| Medical condition or illness |  |
|  |  |
| **Medicine** |  |
| Name/type of medicine  *(as described on the container)* |  |
| Has this medicine been prescribed by your GP? | Yes No |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Length of time to be taken (days/weeks) |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – y/n |  |
| Procedures to take in an emergency |  |
| Name and telephone number of GP |  |

**NB: Medicines must be 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 the medicine personally to: | Child’s Classroom |

I understand that the medication will be stored in a locked fridge or cupboard.

I give my permission for the school staff administering medicine in accordance with the school policy. 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.

I agree that I am responsible for collecting the medication at the end of the day and/or collecting any unused medication and disposing of appropriately.

Signature(s) Date

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