

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 <i>(as described on the container)</i>		
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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