



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

DETAILS OF PUPIL

Surname: _____ Forename(s): _____

Address: _____

Date of Birth: _____ *Male / Female (*please delete as appropriate)

Class: _____

Condition/Illness: _____

MEDICATION

Parents must ensure that in date, properly labelled medication is supplied

Name/Type of Medication (as described on the container): _____

Date dispensed: _____ Expiry date: _____

FULL DIRECTIONS FOR USE

Dosage and method: _____

NB Dosage can only be changed on a Doctor's instructions

Timing: _____

Special precautions: _____

Are there any side effects that school need to know about? _____

Self Administration: Yes / No (delete as appropriate)

Procedures to take in an Emergency: _____

PARENT/CARER CONTACT DETAILS

Name: _____ Tel Number: _____

Relationship to pupil: _____ Address: _____

I understand that I must deliver the medicine personally to the School Office and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing

Signed: _____ Date: _____

AGREEMENT OF EXECUTIVE HEADTEACHER

I agree that the child named above will receive the described medication and dosage every day at the required time. This child will be given/supervised whilst he/she takes their medication by a staff member. This arrangement will continue until the end of the course of medication or until instructed by parents.

Signed: _____ Date: _____

Executive Headteacher/authorised member of staff

