

# Parental agreement for Staff at Launton School to administer medicine

The school will not give your child medicine unless you complete and sign this form, either by printing it at home and sending it completed to the school office, or by completing a form in school.

A new form must be completed each time you make a new request for medicine to be administered

Length of time for which you anticipate the medicine will be needed eg 5 day course of antibiotics	
Name of school/setting	Launton Primary School
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>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**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	A member of the office staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**When your child is given their medicine, this section will be completed.**

**C: Record of medicine administered to an individual child**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
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