

CHADSMOOR FEDERATION

Parental agreement for school to administer medicine. (Asthma medication or long term medicine)

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

Pupil's Name	
D.O.B.	
Class	
Medical condition / illness	
Name of medicine <i>(as described on container)</i>	
Date dispensed	
Expiry date	
Agreed review date to be initiated	
Dosage and method	
Time dose to be administered	
Special precautions	
Known side effects	
Self administration	Yes No
Procedures to take in an emergency	
Contact details	
Name	
Daytime telephone number(s)	
Relationship to child	
Address	

I understand that I must deliver and collect medicine personally.
 I accept that this is a service that school is not obliged to undertake.
 I understand that I must notify the school of any changes.

Signed Date

It is agreed that the above named child will receive the specified medicine everyday at the specified time. This will be given / supervised by a First Aid qualified member of staff. This arrangement will continue until end date of course of medicine or until instructed by parents.

Signed _____ Mrs J Westley Date