

Parental Agreement for Scholes J & I School to administer SHORT TERM Medicine

Please label medication with your child's name and class		
Medication is PRESCRIBED	please tick if applicable	
Medication is NON-PRESCRIBED	please tick if applicable	
Medication will need to be SENT HOME	please tick if applicable	
Medication can be KEPT IN SCHOOL	please tick if applicable	

STAFF AT SCHOLES J & I SCHOOL WILL **NOT** ADMINISTER MEDICATION UNLESS FORM COMPLETED AND SIGNED

Name of Child	
Date of Birth	
Class	
What has the medicine been prescribed for	
Name of medicine	
Expiry date	
Dosage (how much to give)	
Timing (when to give)	
Duration (last date to be given)	

ALL MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY AND MUST BE IN THE NAME OF THE CHILD IDENTIFIED ON THIS FORM

Name and Telephone Number of Prescribing GP	
---	--

Please indicate below whether you wish your child to self-administer their own medicine

Pupil to self-administer with a member of staff supervising	<input type="checkbox"/>	Medicine to be administered by School Staff	<input type="checkbox"/>
---	--------------------------	---	--------------------------

Procedure to be followed in case of an emergency regarding the administration of this medicine

--

Contact in the event of an emergency regarding the administration of this medicine

Name	
Telephone Number	
Relationship to Child	

The above information is, to the best of my knowledge, accurate at the time of completion and I give consent to Scholes J & I School Staff to administer medicine in accordance with their policy. I will inform the provider immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medication is stopped.

I accept that this is a service that Scholes J & I School is NOT obliged to undertake and that whilst all best efforts will be made, staff at the school accept NO responsibility whatsoever for omitting to administer or administering the medicine at a time different from that specified above.

Signed: Parent/Carer Date:

FOR OFFICE USE ONLY

Agreement of Headteacher/Senior Manager to Administer Medicine	
Name of Child	
Name of Medicine	
Dosage	
Timing	
Duration	
Medicine to be administered by staff (name)	
Medicine to be administered by child named above	

Signed: Headteacher/Senior Manager Date: