

St Nicholas C of E Primary School

PARENTAL AGREEMENT FOR THE SCHOOL TO ADMINISTER MEDICINES

It is school policy that staff will not administer any medicine that has not been prescribed by a medical professional. No prescribed medicine will be administered by any staff member unless this form has been completed and signed.

Name of Child _____ Class _____

Medical condition / illness _____

Medicine name / type _____

Date dispensed _____ Expiry date _____

Details of dosage & timing, including method of administration _____

Self-administered YES / NO

Special precautions / possible side effects (if any) _____

Procedures to take in an emergency _____

Contact details: Name _____

Relationship to child _____

Phone number/s _____

- I understand that I must hand over the medicine to the school office.
- I accept that this is a service that St Nicholas C of E Primary School is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.

Signed _____ Date _____