

# St Osmund's Middle School parental agreement to administer medicine

St Osmund's School will **not** give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	The School Office, annually in September.
Name of school	
Name of child	
Date of birth	
Tutor Group	
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?	
No Self-administration	Office will supervise administration
Procedures to take in an emergency	

**Medicines must be in the original container as dispensed by the pharmacy and clearly marked with the pupils name and tutor group.**

**Medication supplied will only be administered for the above specific reason.**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting 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.

I understand that I must deliver the medicine personally to the school office

**Medication will be disposed of if not collected after end date or end of the school year.**

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

Date \_\_\_\_\_