

Coton C of E Primary School

Parental agreement for the school to supervise the administration of medicine.

(or in the case of an emergency - agreement for the school to administer medication by a trained member of staff)

The school will not supervise your child's administration of medication unless you complete and sign this form.

Name of child

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Date of birth

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Class

--

Year Group

--

Medical diagnosis or condition

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Medicine

Name/type of medicine
(as described on the original packaging)

--

Expiry date

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Dosage and method of administration

--

Frequency

--

Special precautions/other instructions

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Are there any side effects that the school/setting needs to know about?

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Procedures to take in an emergency

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NB: Medicines must be in the original packaging as dispensed by the pharmacy and provided in a sealed container with a recent photograph of your child attached to the outside of the container. It is the responsibility of the parent to ensure the medication provided to the school is within the expiry date.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs Gibbons (Classes 1, 2 or 3) , Miss Lark (Classes 1, 2 or 3) or Mrs Osborne (Classes 3, 4 & 5)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff supervising (and where necessary) administering my child's medication.

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 _____