**PARTINGTON CENTRAL ACADEMY**

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

The school will not give your child medicine unless you complete and sign this form.

**Pupil Details**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of birth** |  |
| **Class** |  |
|  |  |

**Medication 1**

|  |  |
| --- | --- |
| **Name of medication(as on container)** | **Date dispensed / / Expiry date / /** |
| **Dosage and method** |  |
| **Timing** |  |
| **Special precautions** |  |
| **Are there any side effects that the school needs to be aware of?** |  |
| **Self Administration** | **No (Delete as appropriate)** |
| **Procedures to be taken in an emergency** | Ambulance called, Parents notified |

**Medication 2**

|  |  |
| --- | --- |
| **Name of medication(as on container)** | **Date dispensed / / Expiry date / /** |
| **Dosage and method** |  |
| **Timing** |  |
| **Special precautions** |  |
| **Are there any side effects that the school needs to be aware of?** |  |
| **Self Administration** | **Yes/No (Delete as appropriate)** |
| **Procedures to be taken in an emergency** |  |

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Daytime telephone number** |  |
| **Relationship to child** | Mum |
| **Address** |  |

**I understand that I must deliver the medicine personally to :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (agreed member/s of staff) **and that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication log**

**Medicines:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicine** | **Dose** | **Time and date** | **Administered by** |
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