

Parental agreement for St Francis of Assisi Primary School to administer medicine

Whenever possible, it is the parent's responsibility to administer medication during the school day. If this is not possible, we are able to give medication and/or tablets under the following conditions: **We must have evidence that the medication has been prescribed by a doctor.** The medications should be brought into school by a parent/carer (not given to the child) in a properly labelled container with the name of the prescribing person (normally the G.P.), the name of the pupil, the name of the medication and the dosage on the label. It is the parent's responsibility to collect any medication from the class teacher once it has expired, or if necessary at the end of the school day.

The details below must be completed before medicines or tablets are administered to your child. We may not administer any medication which has not been prescribed by a doctor. The class teacher cannot guarantee a specific time of the day that the medication will be administered.

Date for review to be initiated by (<i>class teacher</i>)	
Name of school/setting	St Francis of Assisi Church or England Primary School
Name of child	
Date of birth	
Year group	
Medical condition or illness	

Medicine

Name/type of medicine (<i>as described on the container</i>)	
Expiry date	
Dosage and method	
Timing (<i>we cannot guarantee a specific time during teaching time</i>)	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Prescribed medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to and collect from:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to St Francis of Assisi Primary School staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Record of medicine administered to an individual pupil

Name of pupil: _____ Year _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time			
Dose given			
Name of staff			
Staff initials			

Date	/ /	/ /	/ /
Time			
Dose given			
Name of staff			
Staff initials			

Date returned to parent/carer _____ Signed returned _____