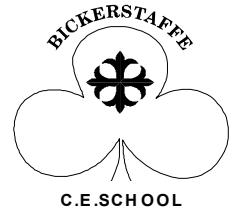


Bickerstaffe CE Primary School



Parental agreement for school to administer prescribed medication

The school will not give your child medication unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

Name of School: **Bickerstaffe CE School**

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medication

Name the medication is prescribed to on the container:

Name /Type of Medication (as described on the container):

Date dispensed: _____

Expiry date: _____

Dosage and method eg Oral, inhaled: _____

Timing: _____

Special Precautions: _____

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

Self Administration (self administration YES/NO *(delete as appropriate)* form to be completed if yes):

Procedures to take in an Emergency: _____

P.T.O

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 the school staff administering medication in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I understand that I must deliver the medication personally to a member of school staff and accept that this is a service that the school is not obliged to undertake.

Signature(s): _____

Date: _____

Relationship to child: _____

If more than one medication is to be given a separate form should be completed for each one

Transition of Medication

Accepted by School- Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School-* Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School-* Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School-* Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School-* Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____