**Parental agreement for staff at Stapleford Primary School to administer medicine**

The staff of Stapleford Community Primary School will only give your child medicine when you have completed and signed this form and when a staff member has been designated to administer medicine.

Name of Child: …………………………………………………………………………………….

Date of Birth: …………………………………………………………………………………….

Year Group and Class: …………………………………………………………………………………….

Medical condition/illness: …………………………………………………………………………………….

**Medicine**

Name/Type of Medicine (as described on the container): ……………………………………………………..

Date dispensed: ……………………………………………………..

Expiry date: ……………………………………………………..

Length of time for which medicine must be administered: ………………………………………................

Dosage and method: ……………………………………………………..

Timing: ………………………………………………………

Special Precautions: ………………………………………………………

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

Self administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: ………………………………………………………

**Contact Details**

Name: …………………………………………………………………………………….

Relationship to Child: …………………………………………………………………………………….

Daytime Telephone number: …………………………………………………………………………………….

Address: ………………………. …………………………………………………………..

…………………………………………………………………………………….

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake. I understand that the medicine must be in its original container as prescribed by the pharmacist.

I understand that I must notify the school of any changed in writing.

Date: …………………………………………………………………………………..

Name: …………………………………………………………………………………..

Signature: …………………………………………………………………………………..