

Appendix A: Parental agreement to administer medicine

Bishop Chavasse

Church of England Primary School



I understand that I must deliver the medicine personally to the school office and that it must be in the original packaging, supplied by the dispensing chemist, and the name and dosage must be stated on the packaging.

Medicines must not be sent into school with the pupil. Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine 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 medicine is stopped.

I understand it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the premises.

Name: _____ Signature: _____ Date: _____

Contact Details in an Emergency

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but that I will be told of such action as soon as possible.

Name

Daytime telephone no.

Relationship to child

Address

Doctor's Name

Doctor's Telephone Number

Name: _____ Signature: _____ Date: _____



Record of medicine to be administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Name: _____ Signature: _____ Date: _____

I confirm that the school has received the above medication as written.

(Staff receiving to complete)

Name: _____ Signature: _____ Date: _____

I confirm that the school have returned to me the above medicine as written.

Name: _____ Signature: _____ Date: _____