

# APPENDIX 1



## PARENTAL AGREEMENT FOR A SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

**Name of School:** Goodrich Community Primary School

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Medical condition or illness:** \_\_\_\_\_

### Medicine

**Name/Type of Medicine** (as described on the container): \_\_\_\_\_

**Expiry date:** \_\_\_\_\_

**Dosage to be given:** \_\_\_\_\_

**When to be given:** \_\_\_\_\_

**Any other instructions:** \_\_\_\_\_

**Number of tablets/quantity to be given to the school:** \_\_\_\_\_

**Note:** Medicines must be in the original container as dispensed by the pharmacy.

Daytime phone no of parent or adult contact: \_\_\_\_\_

Name and phone number of GP: \_\_\_\_\_

I understand that I must deliver the medicine personally to a member of the office staff and accept that this is a service that the school/setting is not obliged to undertake. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting 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.

I understand that I must notify the school/setting of any changes in writing.

**Parent/Carer Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

### To be completed by School Staff

It is agreed that \_\_\_\_\_ will receive (quantity and name of medicine) \_\_\_\_\_ every day at \_\_\_\_\_

This arrangement will continue until: \_\_\_\_\_

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

(Headteacher / Deputy Headteacher)