

ADMINISTERING MEDICATION: SCHOOL AGREEMENT AND CONFIRMATION FORM			
I agree that (insert pupil's name)			
Will receive (insert quantity and dose of medication)			
Every day at (insert time medicine to be administered eg lunch time or break time)			
Your child will be: <div>Given their medication Supervised while he/she takes their medication</div> <div>(please delete as appropriate)</div>			
by (print name of member of staff)			
The arrangements will continue until (insert either end date of course of medication or until instructed by parents)			
Signed Named member of staff		Date	
Signed Headteacher		Date	

ADMINISTERING MEDICATION: PARENTAL PERMISSION FORM			
PART A: DETAILS OF CHILD			
Surname		Forenames	
Address		M/F	
		Date of birth	
Reason for medication (condition/ illness)			
Does the child self administer? (please circle one)	YES NO (if yes please detail below further information and where the medication will be stored)		
PART B: CHILD'S MEDICATION DETAILS			
Name/type of medication (as described on the container)			
For how long will your child take this medication?			
When did your child last take this medication?			
Date dispensed			
Dosage and method			
Timing			
Special precautions			
Possible side effects			
Medication to be held by (please circle one)	CHILD	SCHOOL STAFF	
Medication to be (please circle one)	SELF-ADMINISTERED BY CHILD	GIVEN BY SCHOOL STAFF	

Procedures to take in an emergency	
Please detail any other medication that the child is currently taking	
Emergency contact details (two contacts <u>must</u> be provided)	
First contact	
Name	
Relationship to child	
Telephone/mobile number	
Other contact number	
Address	

Second contact			
Name			
Relationship to child			
Telephone/mobile number			
Other contact number			
Address			
<i>I declare that my child has no adverse affects to this medication</i>			
Signature (person with parental re- sponsibility)		Date	
<i>I/We acknowledge that the above instructions will be carried out by a member(s) of staff who is authorised to administer the medication. We also accept responsibility to arrange for the collection of unused medication at the end of each school year.</i>			
Signature (person with parental re- sponsibility)		Date	
Signature (student over 16 years of age)		Date	