Appendix 4: Parental/Carer Agreement for Setting to Administer Medicine Roberttown C.E. (vc) J&I School (updated November 2023)

The school will not give your child medicine unless you complete and sign this form.

|  |  |
| --- | --- |
| Name of child:  | Date of birth:  |
| Group/class/form  |   |
| Medical condition or illness:  |   |
| Name/type of medicine (as on the container)  |   |
| Date dispensed:  | Expiry date:  |
| Dosage and method:  | Timing:  |
| Special precautions  |   |
| Are there any side effects/previous allergic reactions that the school/setting needs to know about?  |   |
| Self-administration:  |   |
| Procedures to take in an emergency  |   |
| Name of contact and details  |   |
| Daytime telephone no.  | Relationship to child:  |
| Address:  |

* I understand that I must deliver the medicine personally to the school office.
* I accept that this is a service that the school/setting is not obliged to undertake.

NB: Medicines must be in the original container as dispensed/purchased

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 give permission for my child’s photograph to be added to this form.**

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement of headteacher/Senior First Aider to administer medicine

|  |  |
| --- | --- |
| It is agreed that (name of child)  |   |
| will receive (quantity and name of medicine)  |   |
| every day at (time medicine to be administered)  |   |

The First Aider on duty will administer the medicine.

This arrangement will continue until……………………………………………………… (either end date of course of medicine or until instructed by parents).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Headteacher/First Aiders: Mrs Brunt, Mrs Goodall, Mrs Schofield, Ms Cooper)

**Record of Medicine Administered to an Individual Child**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  |   |   |   |   |   |   |   |   |   |
| Time given  |   |   |   |
| Dose given  |   |   |   |
| Name of member of staff  |   |   |   |
| Staff Signature  |   |   |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  |   |   |   |   |   |   |   |   |   |
| Time given  |   |   |   |
| Dose given  |   |   |   |
| Name of members of staff  |   |   |   |
| Staff Signature  |   |   |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  |   |   |   |   |   |   |   |   |   |
| Time given  |   |   |   |
| Dose given  |   |   |   |
| Name of members of staff  |   |   |   |
| Staff Signature  |   |   |   |