



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your son/daughter medicine unless you complete this form. Our school policy is that only nominated staff (Office Staff) can administer medicine.

NAME OF SCHOOL: **MEATH GREEN JUNIOR SCHOOL**

NAME OF CHILD:

DATE OF BIRTH:/...../..... CLASS:

MEDICAL CONDITION OR ILLNESS:

MEDICINE

NAME/TYPE OF MEDICINE:
(AS DESCRIBED ON THE CONTAINER)

DATE DISPENSED:/...../..... EXPIRY DATE:/...../.....

PERIOD TO BE TAKEN FOR:/...../..... TO/...../.....

AGREEMENT TO SELF ADMINISTER **YES/NO** (PLEASE CIRCLE)

AGREED REVIEW DATE TO BE INITIATED BY (.....):/...../.....

DOSAGE AND METHOD:

TIMING:

SPECIAL PRECAUTIONS:

ARE THERE ANY SIDE EFFECTS THAT THE SCHOOL NEEDS TO KNOW ABOUT:

PROCEDURES TO BE TAKEN IN AN EMERGENCY:

CONTACT DETAILS

NAME: RELATIONSHIP TO PUPIL:

CONTACT NO 1: CONTACT NO 2:

I UNDERSTAND THAT I MUST DELIVER THE MEDICINE PERSONALLY TO THE OFFICE STAFF.

I ACCEPT IT IS MY RESPONSIBILITY TO ENSURE THAT ALL MEDICATION IS IN DATE AND I AM TO PROVIDE REPLACEMENTS WHEN APPROPRIATE.

I ACCEPT THAT THIS IS A SERVICE THAT THE SCHOOL IS NOT OBLIGED TO UNDERTAKE.

I UNDERSTAND THAT I MUST NOTIFY THE SCHOOL OF ANY CHANGES IN WRITING.

DATE:/...../..... SIGNATURE: PARENT/CARER

DATE:/...../..... SIGNATURE/INITIALS: STAFF MEMBER

Joint Headteachers: Mr P Amerio/Mrs S Beasley

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