

Agreement for school to administer prescribed and un-prescribed medication

School Name	St. Mary's Catholic Primary School, Evesham
Head Teacher	Miss J C Smith

Pupil details:

Name of pupil	
Date of birth	
Class	
Medical condition	

Medication details:

Name of medicine <small>(as described on container)</small>			
Prescribed <small>(please tick)</small>		Un-prescribed <small>(please tick)</small>	
Expiry date			
Agreed review date <small>(for long term medication only)</small>		Staff Name	
		Review Date	

Administration:

Dosage and method			
Time dosage required		Time last dose administered	
Special precautions			
Side effects that school needs to know about			
Self administration (in the case of inhalers); please tick.	Yes	No	
Procedures in an emergency			

Contact details:

Name	
Relationship to pupil	
Daytime phone number/s	

- I understand that I must deliver the medicine personally to (agreed member of staff) and that the medicine should be in the same container as dispensed or purchased from the pharmacy with instructions in English.
- The above information is to the best of my knowledge accurate at time of writing and I understand that I must notify the school of any changes in writing.
- I the undersigned consent to the administration of the prescribed medicine as detailed above:
- I understand that the task of administering medication is being undertaken voluntarily and in the spirit of general care and concern.
- Un-prescribed medications that we are allowed to administer are Calpol and child paracetamol Cough syrups, lozenges, decongestants, Piriton and travel sickness medication.

Parent/legal guardian's name	
Parent/legal guardian's signature	
Date:	