Form A: Parental-School Agreement for the administration of medicines in school

Child's name	
Tutor group	
Date of birth	
Medical diagnosis/condition	
Allergies	
Hospital and contact person *if applicable*	

Please **tick all** those applicable

Self-administration

1. My child will be responsible for carrying and the self-administration of medicine/s as documented below.	

Staff administration

2. Please supervise or administer (delete as appropriate) medicine/s to my child as documented below.	
3. I will provide the school with a supply of the medicine/s documented below.	
and/or	
4. My child will be carrying the medicine/s documented below	

Name of medicine* *(as described on the container)*	Dose (mcg/mg/ml) and method**	Timing or 'as required'	The amount provided to	
			Child	School

**If medicine is to taken by any method/route other than oral please describe below:

Continued overleaf

Contact Wendy Prince – School Nurse: 02380 246777 if you have any queries

Please provide specific directions if medication is to be taken ‘as required’ or indicate to refer to an attached Individual Healthcare or Action Plan

Other prescribed medicines being taken at home

Side effects/special precautions

Additional instructions

I agree that:

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give consent to school staff administering the above medicine in accordance with this document and the school policy.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- The medication will be provided in the original packaging, clearly labelled with my child’s name and in the case of prescribed medication will have the doctor’s directions clearly visible on the pharmacy dispensing label.
- I have checked and noted the expiry date of the above medication and will supply a replacement in good time.
- In the case of self administration my child will only carry enough medication to cover one school day at a time. I have advised my child to store the medication safely and informed him/her of the risks of sharing medications.
- In the case of staff administration/supervision my child is responsible for attending the Medical room at the appropriate time to take the medication.
- I am aware that the school strongly recommends that I provide a ‘back up’ supply of medication that may be required in an emergency.
- I recognise that school staff are not medically qualified.

Signed (parent/carer)_____ Date:_____

Contact Wendy Prince – School Nurse: 02380 246777 if you have any queries