

"Working together as one"

September 2015

Parental agreement for school to administer medicine:

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting: **ST WILFRID'S CE PRIMARY SCHOOL**

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

MEDICINE

Name/Type of Medicine
(as described on container) _____

Date Dispensed: _____

Expiry Date: _____

Agreed review date to be
Initiated by (name of staff member) _____

Dosage and Method: _____

Timing: _____

Special Precautions: _____

Are there any side effects
that the school/setting needs to know? _____

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an
Emergency: _____

CONTACT DETAILS

Name: _____ Telephone No. _____

Relationship to Child: _____

Address: _____

Headteacher. Mrs A Fox

St Wilfrid's C.E. Primary School
Mabel Street
Newton Heath
Manchester
M40 1GB

Tel: 0161 681 1385

Fax: 0161 681 1318

Email: admin@st-wilfrids.manchester.sch.uk

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I understand that I must deliver the medicine personally to (agreed member of staff) and 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(s): _____

Relationship to child: _____

