



### Parental Agreement for Welton School to administer prescribed medicine

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

Name of Child	
Class	
Date of Birth	
Medical Diagnosis/condition	

#### Medicine

Name/type of medicine (as described on the container)	
Dosage:	
When to be given:	
Any other instructions?	
Expiry Date of medication	

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

Agreed review date to be initiated by (name of member of staff)	
Special Precautions	
Are there any side effects the school needs to be aware of?	
Procedures to take in an emergency	
Name and telephone number of GP	

**Contact Details**

Contact Name	
Daytime telephone/mobile number	
Relationship to child	
Address	
Any other information?	

I give consent for school staff to administer the above mentioned prescribed medication to my child. I understand that I must deliver the medicine personally to the school office.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes in my child's condition/ medication.

Parent / Guardian signature	
Date	

**If more than one prescribed medicine is to be given a separate form should be completed for each prescription.**

## School Agreement to administer prescribed medicine

Name of school: Welton Primary School

It is agreed that \_\_\_\_\_ (childs name) will receive \_\_\_\_\_  
\_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_  
(time medicine to be administered).

\_\_\_\_\_ (Name of child) will be given/supervised whilst he/she takes their  
medication by \_\_\_\_\_ (name of member of staff).

This arrangement will continue until the end date of course of medicine / until instructed by  
parents/guardians.

Date:

Signed:

