

St Paul's CofE Primary School, Chipperfield.

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

Date	
Name of child	
Date of birth	
Class/Year	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
When to be given	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
How long is the course of medication?	
Please specify dates	Date From: _____ Date To: _____
Procedures to take in an emergency	

NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

Contact Details.

Your Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The School Office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I accept that this is a service that the school is not obliged to undertake and they cannot be held responsible for failure to administer medication.

Signature(s) _____ Date _____