

PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE



CHERRY TREE
PRIMARY SCHOOL

Wherever possible, parents should administer medicines outside of school.

If medicines have to be taken during school hours, wherever possible, parents/carers should come into school and administer or supervise self-administration of medication to their children. If this is not possible, you can request that medicines are taken in school, however, the child must self-administer them, supervised by school staff.

- Medicine must be in the original container as dispensed by the pharmacy with the child's name and dose clearly stated.
- Parents/carers are expected to keep the school informed about any changes to their child/children health or medication.
- Parents/carers are expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.
- Parents/carers are responsible for checking expiry dates.
- Parents/carers are required to dispose of any out of date/unused medicine.
- Cherry Tree School will not give your child medicine unless you complete and sign this form. Please return to school with the medicines.

Name of Child:

Date of Birth:

Class:

Medical condition/illness:

MEDICINE

Name/Type of Medicine:
(as described on the container)

Date dispensed:

Expiry date:

End date for administering course:

Dosage and method:

Timing:

Special Precautions/other instructions:

Are there any side effects that the School needs to know about?

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Use of emergency salbutamol inhaler:

In the event of my child requiring the use of their inhaler for their medical condition, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Yes*

No*

(delete as appropriate)

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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.

Parent/Carer Signature:

Parent/Carer Name:

Date: