

Kingsway Primary School Parent Agreement for school to administer medication



Kingsway Primary School requires you to complete and sign this form to enable us to give your child medication. The school has a policy that the staff can administer medication and further guidance is available on school website.

Details		
Name of Child		
Date of Birth		
Class		
Medical Condition/Illness		
Medicine – must be in the original container as dispensed by the pharmacy		
Name/type of Medicine (as on container)		
Date Dispensed		
Expiry date		
Dosage/Method		
Timing		
Special Precautions		
Any side effects to be aware of?		
I agree for my child to self-administer the medication.	Yes / No	(If No , a nominated member of staff will support in the administration of the medication to you child.)
Procedures to be followed in event of emergency		
Contact Details		
Name		
Contact Number		
Relationship to child		
Address		
I understand I must deliver the medication personally to the office and the same procedure will be the same for day trips and offsite visits.	Yes / No	
<p>I accept that this is a service that the school is not obliged to undertake and I understand that I must notify the school of any change in writing. Medication will be destroyed following notification from the school.</p> <p>Signature _____ Date: _____</p> <p>Print Name _____</p>		
<p>For office use only: Review Date: _____ has been agreed with parent/carer on</p> <p>Medication Stored: Office First Aid Cupboard / Office Fridge / Classroom</p>		