**Parents/Carers MUST complete this form: please ensure that all medicine is in its original packaging.**

School staff will not give your child medicine unless:

* you complete and sign this form and
* the Head Teacher has agreed that school staff can administer the medicine.

|  |
| --- |
| **PUPIL DETAILS** |
| Surname: | Click or tap here to enter text. | Forename(s): | Click or tap here to enter text. |
| Date of Birth: | Enter DD MMM YYYY | Class: | Click or tap here to enter text. |
| Condition or illness: |
| Click or tap here to enter text. |
| **MEDICATION** |
| Name/type of Medication:*(as described on the prescription label)* | Click or tap here to enter text. |
| For how long will your child take this medication? | Click or tap here to enter text. |
| Date dispensed:*(Parent must ensure that in date and properly labelled medication is supplied)* | Click or tap here to enter text. |
| Full Directions for Use: | Click or tap here to enter text. |
| Timing: | Click or tap here to enter text. |
| Special Precautions: | Click or tap here to enter text. |
| Possible Side Effects: | Click or tap here to enter text. |
| Self-administration: | Yes |[ ]  No |[ ]
| Procedures to take in an Emergency | Click or tap here to enter text. |
| **CONTACT INFORMATION** |
| Name: | Click or tap here to enter text. | Daytime Telephone No.; | Click or tap here to enter text. |
| Relationship to Pupil: | Click or tap here to enter text. | Address: | Click or tap here to enter text. |
| I understand that I must:* deliver the medicine personally to (agreed member of staff) and accept that this is a service which school staff are not obliged to undertake.
* ensure the medicine provided is in date.
 |
| Signature (s): |  |
| Date: | Click or tap to enter a date. |
| Relationship to Pupil: | Click or tap here to enter text. |