**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. | | | | | |