

Dear Parent/Guardian/Carer,

If your child is required to take any medication, including Paracetamol and Ibuprofen, during school time could you please fill in the tear off slip below and give it to your child to bring in with their medication (which is to be kept in the Main Office). Please note, prescribed medication must be in the original container as dispensed by the pharmacy and must be clearly labelled with your child’s name. The school will not give your child medicine unless you complete and sign this form to give your consent.

The school has a policy that staff can administer medicine, however, staff will only administer medication from the second dose onwards. Your child must have taken his/her first dose prior to attending school (in case of reaction to medication).

Yours sincerely

 

Mr Merifield

Head of School

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**Parental Agreement for School to Administer Medication**

Students Name: ……………………………………..…….…………………………… DoB: ………………..…..…. Form: ……………………….…

I enclose the following medication (Name and Strength): ………………..……………………………………...…………………….……

Expiry Date: ………………………………………. Dose to be given and when: …………………..………………………………………………

Start Date: …………………………………………. For how long: ……………………………….………………………………………………………

Special Precautions/Side Effects (if any): ……………………………………………………………………… ……….…………………………..

I require my child to take this medication for the following condition: ……….…………………………………………………………

Daytime Contact No. for Parent/Adult Contact: ……………………………………………………………………………….………………….

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signature: ………………………………………………………………………………. Parent/Guardian/Carer Date: ……………………………