

Parental agreement for school to administer medicine

St Mary's will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

 Name/type of medicine

 (as described on the container)

 Expiry date

 Dosage and method

 Timing

 Special precautions/other instructions

 Are there any side effects that the school/setting needs to know about?

 Self-administration – y/n

 Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Please tick and sign below:-

I will deliver medicine to the school office

I will make sure all medicine is in date

I will collect all unused or out of date medicine

If medicine is held at school I will notify school of any changes

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Record of medicine Administered						
Date	Time Given	Dose given	Staff administering medicine (please sign)	Staff Witness (please sign)		

The information you provide on this form will be shared with relevant school staff and external professionals for the purposes of ensuring safeguarding of our children and staff. Further information about how we handle personal information and your rights is available on our website at

https://www.st-marys-fal.cornwall.sch.uk/web/gdpr/350102