**MEADOWSIDE**Community Primary and Nursery School

**Parental agreement for setting to administer medicine Form 2**

Meadowside Community Primary & Nursery school will not give your child medicine unless you complete and sign this form. Please refer to the school Administration and Medical Care for Schools and Early Years Settings policy if you have any queries.

| **Date**  |  |
| --- | --- |
| **Name of child** |  |
| **Date of birth** |  |
| **Group/class/form** |  |
| **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.**(In most cases children will be encouraged to self-administer medication ie. apply creams. In a few cases, where agreed, staff will apply creams under the supervision of another member of staff.) |  |

**NB: Medicines must be in the original container with the prescription label as dispensed by the pharmacy with the child’s name clearly marked.**

**Contact details**

| **Name** |  |
| --- | --- |
| **Daytime telephone no.** |  |
| **Relationship to child** |  |
| **Address** |  |
| **Please give any additional information.** |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Meadowside Community Primary & Nursery 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 medicine is stopped. I understand that I must deliver the medicine personally to the main office.

Parent/Carer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head Teacher or Senior Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be kept in the Class Medical File – when medication is administered the staff member administering the medication must complete the Record of Medicine administered form which must also be stored in the Class Medical File. 

 Scanned and saved to CPOMS

 Discussed with class teacher and TA

Class teacher & TA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_