

North Curry C of E Primary School Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

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Name of child:

--

Date of birth:

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Group/class/form:

--

Medical condition or illness:

--

Medicine

Name/type of medicine

(as described on the container):

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Expiry date:

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Dosage and method:

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Timing:

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Special precautions/other instructions:

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Any side effects that the school needs to know about:

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Self-administration – Y/N:

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Procedures to take in an emergency:

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

Contact details

Name:

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Daytime telephone number:

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Relationship to child:

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Address:

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I understand that I must deliver the medicine personally to:

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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 medicine is stopped.

Signature(s) _____

Date _____



North Curry C of E Primary School Record of Medicine Administered to an Individual Child



Parent/Carer: Please complete sections in RED

Name of child:
Date medicine provided by parent:
Group/class/form:
Quantity received:
Name and strength of medicine:
Expiry date:
Quantity returned:
Dose and frequency of medicine:

Staff signature: _____

Signature of parent: _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
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Dose given:			
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