

**MENSTON PRIMARY SCHOOL - PARENTAL AGREEMENT TO ADMINISTER MEDICINE**

|                                     |  |
|-------------------------------------|--|
| Child's Name                        |  |
| Child's Date of Birth               |  |
| Child's Year Group & Class Name     |  |
| Child's Medical Condition / Illness |  |

**Instructions for Medication/s BROUGHT INTO school (please read carefully):**

- Medicine should **NOT** be brought into school in your child's school bag.
- If you complete and print this form at home (available to download from our website), the form and medicine can be handed into your child's teacher/Care Club staff at the start of the day.
- If you complete this form in person at the school office, the completed form and medicine will be taken by a member of the office staff and given to your child's class teacher.

**Instructions for Medication/s TAKEN HOME from school (please read carefully):**

- Medicine will **NOT** be handed to your child at the end of the school day. If a parent/carer wishes to collect the medicine at the end of the day, it can be collected directly from the class teacher or a member of the Care Club team. Medicine is not kept at the school office.

**Please note: School can only administer medicines which are in the original container/bottle, as dispensed by the pharmacy. Care Club will not administer any medicines but can collect from and return to parents/carers at the start and end of the day.**

**Medication Details**

|  |                          |
|--|--------------------------|
| Name / Type of Medication<br><i>(As described on the container)</i>  |                          |
| Expiry Date  |                          |
| Timing & Dosage / Method   |                          |
| Self-Administration? – yes/no  |                          |
| Start & End Dates<br><i>(How many days is the medicine needed?)</i>  | Start date:<br>End date: |
| Storage of Medicine<br><i>(i.e., keep in the fridge)</i>   |                          |
| Potential Side Effects, Precautions & Procedures to take in an Emergency   |                          |
| Collection of Medication<br><i>(How and when will you collect the medication from School/Care Club and on which days...)</i> |                          |

|                        |  |
|------------------------|--|
| Emergency Contact Name |  |
| Telephone No.          |  |
| Relationship to Child  |  |

To the best of my knowledge, the information provided above is accurate at the time of writing. I give consent for staff at Menston Primary School to administer the medication in line with the school's policy. I will inform the school immediately in writing if there are any changes to the dosage, frequency, or if the medication is discontinued.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_