



Parental agreement for administration of prescribed and non-prescribed medicine

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

Name of child				
Class				
Medical condition or illness				
Contact Details				
Name				
Daytime telephone number				
Relationship to child				
Medicine				
Name/type of medicine <i>(as described on the container)</i>				
Expiry date				
Short term medication with effect from	Date:			To:
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school needs to know about?				
Self-administration – yes/no				
Procedures to take in an emergency				

Agreement

- **The above information is, to the best of my knowledge, accurate at the time of writing as indicated by the GP,** and I give consent to school staff administering medicine in accordance with this 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 school office.
- **Medicines must be in the original container as dispensed by the pharmacy.**
- I will monitor and replace medication prior to its expiry date.
- I agree to collect medication at the end of each academic year and return it at the beginning of September.

Signed _____ Date _____

ADDITIONAL PERMISSION TO ADMINISTER EMERGENCY MEDICATIONS

Emergency Inhaler

At school we keep a Ventolin Inhaler (Salbutamol) and a spacer device which are available in emergency situations. We are able to provide these to children who have forgotten their inhaler or are undergoing a severe attack, where the spacer may be more effective in administration.

I hereby allow Courthill Infant School to administer emergency treatment as indicated below:

Signature of Parent/Guardian: Date:

Emergency Adrenaline Auto Injector

At school we keep an Adrenaline Auto injector device which is available in emergency situations. We are able to provide these to children if they have an allergic reaction or if their adrenaline auto injector is not working.

I hereby allow Courthill Infant School to administer emergency treatment as indicated below:

Signature of Parent/Guardian: Date: