



## Nancy Reuben Primary School

### Parental agreement between parents and school for the administration of medicine (Long Term)

In accordance with the school's Administration of Medicines Policy, the school will not give your child medicine unless you complete and sign this form and the medicine provided adheres to the conditions of the school's policy.

(A copy of the Administration of Medicines Policy Medicine can be read / downloaded from the policies section of the website.)

**Note: Medicines must be in the original container as dispensed by the Pharmacy**

Name of school/setting		
Name of child		
Date of birth		
Class		
Medical condition/illness		
<b>Medicine</b>		
Name/type and strength of medicine (as described on the container)		
Date dispensed		
Expiry date		
Number of tablets/ quantity of medicine left with school		
Dosage required to be administered		
When to be given		
Any other instructions		
Special precautions		
Are there any side effects that the school needs to know about?		
<b>Contact details</b>		
Name		
Daytime telephone number		
Relationship to the child		
<b>Doctor details:</b>		
Name of Doctor		
Doctor's contact number		
Agreed review date to be initiated by Renee Sonenfield (SENDCo)		
I understand I must personally deliver the medicine to a member of the school office staff	Name of staff member	Signature of staff member

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's policy.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only. 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.

If more than one medicine is to be given a separate form should be completed for each one.

Signature		Date	
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