

Parental Agreement for Staff at Blacko Primary School

To Administer Prescribed and Non-Prescribed Medicine

Blacko Primary School will not give your child medicine unless parents complete and sign this form and it is in line with our Medical Needs Policy.

Name of Setting: Blacko Primary School

Name of Child: _____ **Date of Birth:** _____ **Class/Year:** _____

Medical Condition/illness: _____

Dates to be Given: **From:** _____ **Until:** _____

Medicine

Name of Medicine: _____

Date Dispensed: _____

Expiry Date: _____

Dosage and method: _____

Time of administration: _____

Special Precautions: _____

Potential Side Effects: _____

Self Administration: Yes / No *(delete as appropriate)*

Procedures to be taken in case of an emergency: _____

Contact Detail

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

The information provided is, to the best of my knowledge, accurate at the time of writing and I give consent to the staff at Blacko Primary School to administer medicine in accordance with the Medical Needs Policy. I will inform 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 school and accept that it is my responsibility as a parent to ensure that the medicine in date, is collected and disposed of correctly in accordance with the Medical Needs Policy when no longer required.

Signature: _____

Date: _____

Relationship to Child: _____

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

Kate Richards
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Lead Adult
Blacko Primary School

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SEND Co
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