ST. MARY'S CE PRIMARY SCHOOL

PROUD TO BE PART OF PDET

High Street, Burton, Northants, NN15 5RL
Telephone: 01536 722 757 - Email: reception@stmarys.pdet.org.uk
Instagram: stmaryscebl - Website: https://www.stmaryscebl.info

Dream - Believe - Achieve

Parental Agreement for School to Administer Medication

Please fill out this form and return to the school office with the medication labelled with the child's name and in a sealed bag; or you are able to email it to reception@stmarys.pdet.org.uk and hand the medication into the office.

Name of school	St Mary's CE Primary School
Start date of medication	
Child's name	
Child's class	
Reason for medication	
Full name of medication	
Expiry date	
Dosage (how much to be given)	
What time to be given	
Duration / how many days to provide the medication in school?	
Any other instructions?	
Previous Dosage Given and date	
Note: Medication must be in the original container as dispensed by the pharmacy.	
Daytime phone no. of parent/carer or adult contact	
Name of GP	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised staff administering medication in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Parent/Carer's signature			
Print name		**Date**	

A separate form should be completed for each medication.

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Childs Name: _____

Date	Time	Name of Medication	Dose Given	Any Reaction? *Give Details*	Signature of Staff (Print Name)	Staff Witness (Name)