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Executive Head: Mrs Sam Hunter BA Hons, NPQH, NLE

Dear parent/carer,

### Parental agreement for setting to administer the medicine overleaf

We require your written permission to administer any medicines in school.

Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy; otherwise we might miss important instructions and warnings.

If your child refuses to take the medicine, we will make every effort to inform you on the same day.

Please hand the medicine over to a member of staff personally.

For any medicines required on a long-term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

What type of help does your child need with this medicine (mark as appropriate):	
<input type="checkbox"/> I need someone to administer this medicine to my child	
<input type="checkbox"/> They can take the medicine themselves, but need the following supervision from staff:	
Are there any side effects that the school/setting needs to look out for?	
Parent/carers name	
Signature	
Relationship to pupil	
Daytime (mobile) telephone no.	



Medicines Administration Record (Schools)

\_\_\_ of \_\_\_



First name	Surname	D.O.B	Class

Medicine name	Strength	Form (e.g. liquid/tablets)	Amount needed	At which time(s)

Date	Dose 1		
	Time	Amount	Signature

Dose 2		
Time	Amount	Signature

If the pupil refuses their medication then please inform their parents/carers on the same day (or as soon as is practical) and record 'refused' in the amount column.