Annex B

St John Fisher Catholic College Medicine Administering Form –

Parental Agreement to Administer Medicine

To be completed by the parent/guardian of any child requesting medicine to be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

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

Name of School:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	
Date for review to be initiated by:	

Medicine

Name/type of medicine: *(as described on the container)*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Are there any side effects that the school needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Doctors Name:	

I request that treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the medication in the original labelled containers, provided by the Dispensing Chemist.

I accept that whilst me child is in the care of the school, the school staff stand in the position of the parent and that the school staff may need to arrange any medical aid considered necessary in an emergency. I will be informed of any such action as soon as possible.

Contact Details

I can be contacted at the following address/telephone number during school hours:

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver medicine personally to:	

The information provided 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 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.

Signature(s) _____ Date _____