

CALDEW SCHOOL PARENTAL PERMISSION FOR SCHOOL STAFF TO ADMINISTER MEDICATION

Caldew School will not give your child medication unless: 1) it is in accordance with the school's Medical Needs Policy, 2) you complete and sign **all** sections of this form and 3) the Headteacher has agreed that school staff can administer the medication.

DETAILS OF STUDENT

Surname: _____

Forename(s): _____

Address: _____ Gender: _____

_____ Date of Birth: _____

_____ Class/Form: _____

Medical diagnosis, condition or illness: _____

MEDICATION

Name/Type of medication: (as described on the container): _____

Form (e.g. tablets, syrup, cream): _____ Expiry date: _____

For how long will your child take this medication? _____

Date dispensed by pharmacist/doctor: _____

Full Directions for use:

Dosage and method of administration: _____

Timing: _____

Special Precautions or other instructions e.g. with food etc: _____

Side effects that the school must know about: _____

Can your child self-administer? YES/NO

Does any medicine need to be carried by the child on their person, what and where will they keep it? YES/NO

Procedures to take in an emergency: _____

CONTACT DETAILS:

Name: _____ Daytime Telephone No: _____

Relationship to student: _____

Address (if different from student's given above): _____

I understand that I must deliver the medicine personally to _____ [agreed member of staff] and accept that this is a service which the school is not obliged to undertake. The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school staff administering medicine in accordance with the policy. I will inform the school immediately in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Date: _____ Signature(s): _____

Relationship to student: _____