

# 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: \_\_\_\_\_