

## Rumworth School

### Parental Agreement for school staff to Administer Medicine



(School staff cannot give your child medicine unless you complete and sign this form).

Name of Child	
Date of Birth	
Form Group	
Medical Condition or illness	

#### **Medicine**

Name/type of Medicine (as described on container)	
Expiry Date	
Dosage and Method	
Timing	
Special Precautions/other instructions.	
Are there any side affects you need to know about?	
Self – Administration – Y/N.	
Procedures to take in an emergency	

**NB: Medicines must be in the original labelled container as dispensed by the Pharmacy.**

#### **Contact Details**

Name	
Daytime Telephone Number	
Relationship to child	
Address	
I understand I must deliver the medicine personally to	<b>Rumworth School reception</b>

**The above information is accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the schools policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.**

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_