



PARENTAL AGREEMENT FOR EVERSHOLT LOWER SCHOOL TO ADMINISTER MEDICINE

Managing Medicines on School premises

- Medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- School will only accept medicines that are in date, labelled, provided in the original container (for prescribed medicines a pharmacy dispensing label) and include instructions for administration dosage and storage.
- Medicines must be handed to a member of staff and will be returned to parent/carer at the end of the day.
- A separate form is required for **each medicine**

PUPIL DETAILS			
Name:		DoB:	
Class:		Year Group:	
Medical Condition/Illness:			

MEDICINE	
Name of medicine: (as described on the container)	
Strength of medicine:	
How much (dose) to be given:	
At what time(s) the medication should be given:	
Timing last dose administered at home:	
Duration of medicine: Please specify how long your child needs to take the medication for	
Are there any known side effects that the school needs to know about? If yes, please list them.	

- I give permission for a member of staff to administer the above medicine to my son/daughter during school hours.
- I confirm that the dose and frequency is in line with the instructions stated on the medicine.
- I confirm that my son/daughter has previously taken the medication and has had no known adverse reactions to the medication.
- I will inform the school immediately if there is any change in dose or frequency of the medication or if the medication is stopped.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/ Carer name	
Relationship to child	
Parent/Carer signature and date	



MEMBER OF STAFF RECEIVING THE MEDICINE

Name of child:		Class and Year Group:	
Name of medicine and expiry date:		Date medicine provided by the parent/carer	
Staff Signature:		Date:	

RECORD OF MEDICINE ADMINISTERED

Date:			
Time Given:			
Dose given:			
Member of Staff:			
Staff Initials:			

Date:			
Time Given:			
Dose given:			
Member of Staff:			
Staff Initials:			

Date:			
Time Given:			
Dose given:			
Member of Staff:			
Staff Initials:			

This document has been developed in conjunction with Bedford Borough Council, Central Bedfordshire Council, Cambridgeshire Community Services NHS Trust and Bedfordshire Clinical Commission Group.

Eversholt Lower School is committed to safeguarding and promoting the welfare of children and expects all staff, parents, visitors and volunteers to share this commitment.