

# Parental agreement for Oakley CE Junior School to administer medicine

Oakley CE Junior School will not give your child prescribed medicine unless you complete and sign this form.

Travel sickness tablets should be taken prior to arriving at school. If travel sickness tablets are required for the return journey, please complete this form and place in a clearly named bag with the medication. This should be handed to Mrs McCaffery on Monday 25<sup>th</sup> November.

Other medication including asthma pumps – please complete this form and place in a clearly named bag with the medication. **Medication must be in their original packaging.** This should be handed to Mrs McCaffery on Monday 25<sup>th</sup> November.

Date

Name of school

Name of child

Date of birth

Class

Medical condition or illness

<i>Oakley CE Junior School</i>

## 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/setting needs to know about?

Self-administration – Yes / No

Procedures to take in an emergency


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

## Contact Details

Name

Daytime telephone no.

Relationship to child

Address


I understand that I must deliver and collect the medicine personally to Mrs McCaffery.

*Yes, I understand that I must deliver and collect the medicine personally to Mrs McCaffery.*

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school or Stubbington staff to administer this medication. I will inform the school or Stubbington immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Date \_\_\_\_\_

## Record of medicine administered to an individual child

Name of school

*Oakley CE Junior School*

Name of child

Date medicine provided by parent

Class

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Staff use only

Date	Dose	Time	Staff