

# Ifield Community College



## Parental agreement to administer medicine in school

We will not be able to give your child prescribed medicine unless you complete and sign this form in accordance with our policy for staff to administer medicine.

### Student's details:

Name	
Date of birth	
Tutor group	
Medical condition/illness	

### Medication details:

Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Timing <i>(this must be break or lunchtimes if possible)</i>	
How long is this medication needed for?	
Special precautions/other instructions	
Any known side effects?	
Procedures to be taken in an emergency	

A separate form should be completed for each medication

**Please note: Medicines must be in the original container as dispensed by the pharmacy and include the information leaflet. We cannot accept medication without this or loose tablets.**

### Parent/Guardian contact details:

Name	
Daytime contact number	
Relationship to child	
Address	

Continued overleaf

**Declaration**

The information I have supplied on this form is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school 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.

Unless notified this form acts as a continuous authority.

I undertake to supply the school with the drugs/medicines in correctly labeled containers, including a 5ml medicine spoon or oral syringe for liquid medicines, and to ensure that medicines supplied are within their expiry dates and to replace them accordingly.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but that I will be told of any such action as soon as possible.

I understand that whilst the school staff will use their best endeavors to carry out these arrangements, no legal liability can be accepted by the school staff, Governors or the Local Education Authority in the event of any failure to do so, or if there is any adverse reaction by my child to the administration of the drug.

Signature(s) \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_