

Appendix C1: Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form in line with school policy which can be found on our website <https://www.st-monicas.enfield.sch.uk/parents/forms/>

Date completed:	Completed by: (member of staff)
Date for review:	To be initiated by: (member of staff)
Name of school	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	
Does the pupil require or already have an IHCP	Yes No
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry Date	
Dosage and method	
Timing	
Length of course	
Date of dispensing	
Storage instructions	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	NB: If YES to this question then form C2 should be completed instead
Procedures to take in an emergency	
Name and phone number of G.P:	

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

Contact Details of Parent/Carer:	
Name	
Daytime telephone no.	
Relationship to pupil	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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 medicine is stopped.

Signature(s) _____ Date _____

Print Name: _____