



## Parental Agreement to administer prescription or non-prescription medication

Date	
Pupil's name	
Date of birth	
Class	
<b>Reason for medication</b>	

Name / type of medicine (as described on the container)	
Expiry date of medication	
Dosage - amount to be given	
Time(s) for medication to be given	
Number of days to continue (if known)	
Special precautions /other instructions (e.g. to be taken with /after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

### Details of Person Completing the Form:

Name of parent/guardian	
Relationship to child	
Daytime telephone number	
Name and phone number of GP	

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. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies. The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian with parental responsibility)

Please see Privacy Notice for further information, available on our website [www.ermingtonprimary.co.uk](http://www.ermingtonprimary.co.uk)

## **Notes to Parent / Guardians**

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (where applicable)

Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child and will be stored/retained in line with Devon County Council guidelines, in conjunction with any relevant Beacon Federation policies.