

**Clore Shalom School
Managing Medicines in School**



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER SHORT TERM PRESCRIBED MEDICINE

One form must be completed for each medicine to be administered

Note: A prescription label showing the child's name and medication details (i.e. name, dosage and frequency of administration) MUST be clearly visible on the medication.

Pupil's Name		Class	
Medicine			
Prescribed For			
Date Dispensed		Expiry Date	
Dosage Prescribed			
Time/s to be dispensed			
Other Instructions (ie. End date of dispensing/with food etc)			

All unused medicines to be returned to the Parent/Guardian at the end of the prescribing period

Name of Parent	
Phone Number of Parent	
Name of GP	
Phone Number of GP	

- I accept that this is a service that the school is not obliged to undertake.
- I understand that while every effort will be taken to give medication on time, due to the nature of our busy school office there may sometimes be a short delay in administration
- **The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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.**

Parent/Guardian Signature:

Print name Date

Headteacher's Authority: I agree that the above medication can be administered within school hours as detailed above and will be supervised by:

Name and post held in school:

Signature Date

Check that details of medicine, dosage and frequency of dose agree with Parental Agreement.

Date	/ /	/ /	/ /
Time given			
Dose given			
Signature and initials 1			
Signature and initials 2			
Date	/ /	/ /	/ /
Time given			
Dose given			
Signature and initials 1			
Signature and initials 2			
Date	/ /	/ /	/ /
Time given			
Dose given			
Signature and initials 1			
Signature and initials 2			
Date	/ /	/ /	/ /
Time given			
Dose given			
Signature and initials 1			
Signature and initials 2			
Date	/ /	/ /	/ /
Time given			
Dose given			
Signature and initials 1			
Signature and initials 2			
Date	/ /	/ /	/ /
Time given			
Dose given			
Signature and initials 1			
Signature and initials 2			