## CALDEW SCHOOL PARENTAL PERMISSION FOR SCHOOL STAFF TO ADMINISTER MEDICATION

Caldew School will not give your child medication unless: 1) it is in accordance with the school's Medical Needs Policy, 2) you complete and sign **all** sections of this form and 3) the Headteacher has agreed that school staff can administer the medication.

## **DETAILS OF STUDENT** Surname: Forename(s): Address: Gender: Date of Birth: \_\_\_\_\_ Class/Form: Medical diagnosis, condition or illness: **MEDICATION** Name/Type of medication: (as described on the container): Form (e.g. tablets, syrup, cream): \_\_\_\_\_ Expiry date: \_\_\_\_\_ For how long will your child take this medication? Date dispensed by pharmacist/doctor: \_\_\_\_\_ **Full Directions for use:** Dosage and method of administration: Special Precautions or other instructions e.g. with food etc: Side effects that the school must know about: \_\_\_\_\_ Can your child self-administer? YES/NO Does any medicine need to be carried by the child on their person, what and where will they keep it? YES/NO Procedures to take in an emergency: **CONTACT DETAILS:** Name: \_\_\_\_\_ Daytime Telephone No: Relationship to student: Address (if different from student's given above): I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake. The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school staff administering medicine in accordance with the 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. Date:\_\_\_\_\_\_ Signature(s): \_\_\_\_\_ Relationship to student: