

Parental Agreement to Administer Prescription or Non-prescription Medicine

Galmpton C of E Primary School

Notes to Parent/Guardians

Note 1: This school will only give your pupil 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 the pupil's name, its contents, the dosage and the prescribing doctor's name as appropriate.

Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child. This information will be kept in accordance to GDPR Regulations.

Prescribed/Non Prescribed Medication

Date	
Pupil's name	
Date of birth	
Class/Year Group	
Reason for medication	
Name/Type of medicine (as described on the container)	
Expiry date of medication	
Dosage to be given	
Time(s) for medication to be given	
Special precautions/other instructions (e.g. to be taken with/before/after food/kept in fridge)	

PTO

Are there any side effects that the school needs to know about?	
Time limit – please specify how long your pupil needs to be taking the medication	_____day/s_____week/s
I give permission for my son/daughter to be administered non prescribed medication such as calpol, ibuprofen, hayfever relief	
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable

Details of Person Completing the Form:

Name of Parent/Guardian	
Relationship to pupil	
Contact telephone number	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for a member of staff to administer the medicine to my son/daughter during the time he/she is at the School **OR**

I confirm that the non-prescribed medicine detailed overleaf is suitable for my child and I give permission for a member of staff to administer the medicine to my son/daughter during the time he/she is at the School.

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 I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.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/Guardian Signature _____ Date _____