

**Parental agreement for Our Lady Star of the Sea School to administer prescribed medicine.**



Staff at Our Lady Star of the Sea School will not give your child medicine unless you complete and sign this form.

There is a policy that staff follow when administering medicine which sets out procedures.

Please use BLOCK CAPITALS when completing this form.

**Date:** .....

Name of Child:			
Date of Birth:			
Class:			
Medical condition/illness:			
<b>Medicine</b>			
Name the medicine is prescribed to on the container:			
Name /Type of medicine (as described on the container):			
Date dispensed:			
Expiry date:			
Agreed review date to be initiated by: <i>[name of member of staff]:</i>			
Dosage and method eg Oral, inhaled:			
Timing:			
Special Precautions:			
Are there any side effects that the setting needs to know about?			
Self Administration (self administration form to be completed if yes):	YES/NO <i>(delete as appropriate)</i>		
Procedures to take in an Emergency:			

## Contact details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Our Lady's staff administering medicine in accordance with the school's medicines 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.

I understand that I must deliver the medicine personally to my child's class teacher / teaching assistant or office manager **and accept that this is a service that the school is not obliged to undertake.**

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one**