

Parental Agreement to Administer Prescription & Over the Counter (OTC) Medicine.

- **Parental agreement for school to administer medicine** – The school will not give your child medicine unless you complete and sign this form.
- Filleigh School will only give your child medicine after you have completed and signed this form.
- All medicines must be in the original container with the instructions for administration and or as dispensed by the pharmacy, with the child's name, its contents, the dosage and the prescribing doctors name.
- The information is requested, in confidence to ensure that the school is fully aware of the medical needs of your child.
- Only prescribed medicines and OTC medicine from the approved list below will be administered.
- OTC medicine will not be administered to children under 6 years of age.

Approved OTC medicines: **Paediatric Paracetamol and Children's antihistamine.**

Date	
Pupils name	
Date of birth	
Class	
Reason for medicine	

Name / Type of medicine (as described on the container)	
Expiry date of Medicine	
Dosage to be given	
Special precautions / other instructions (e.g to be taken with food)	
Are there any side effects that the school need to be aware of?	
I understand I need to deliver the medicine to the school office	
Specify how long your child needs the medicine for?	

I give permission for my child to be administered the emergency inhaler held by the school in the event of an emergency.	
I give permission for my child to carry their own asthma inhalers and manage its use.	
I give permission for my child to carry their own epi-pen for anaphylaxis.	
I give permission for my child to carry and administer their own medication in accordance with the agreement of the federation and medical staff.	

Details of the person completing the form:

Name of parent / guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in case of an emergency.	
Name & phone number of GP	

I confirm that I give my permission for the staff at Filleigh School to administer the medicine to child during the time they are at school.

I will inform the school immediately in writing or via e-mail if there is any change in dosage or frequency of the medication or if the medication has to stop.

I agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.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 completing this form.

Parents Signature _____
(Parent / Guardian / Person with Parental responsibility)

Date _____