



St. Michael's C of E Primary School

Appendix 1

Parent / School Agreement for School to Administer Medicine

In line with the St. Michael's C of E Primary School Policy for the Administration of Medicines, this form may only be completed after the Headteacher has agreed to administer medication. Medication will be administered by a trained First Aider.

Pupil Details:

Name of Child:	Date of Birth:
Class:	Year Group:
Medical Condition / Illness:	

Medicine:

Name / Type of Medicine:	
Date dispensed:	Expiry date:
Agreed date to administer medication from and to:	
Dosage and method:	
Time to be administered:	
Any special precautions:	
Any known side effects:	
Self administration: Yes / No * delete as appropriate	
Procedures to take in an emergency:	

Contact Details:

Name:	Telephone Number:
Relationship to child:	
Address:	

- I understand that I must deliver and collect the medicine personally to and from school each day.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.

Signed:

Adult (with Parental Responsibility) completing form: _____

Headteacher: _____ Date: _____