**Laxey School**

**Parental Agreement for School to Administer Medicine**

 **(long term/on-going)**

The school will not give your child medicine unless you complete and sign this form.

Name of child …………………………………………………………. Class……………………….

Date of birth ……………………………………………………………………………………………..

Medical condition or illness

**Medicine** *(must be in the original container as dispensed by the pharmacy and labelled appropriately).*

Name/type of medicine (as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Are there any side effects that the school needs to know about?

Self administration Yes / No (delete as appropriate)

Procedures to take in an emergency

***I accept that this is a service that the school is not obliged to undertake and that responsibility for the administration of medicine to a child lies primarily with their parents/carers.***

***I understand that I must notify the school of any changes in writing.***

Signature ……………………………………………… Date…………………………………….

Form copied to…………………………………………………………………….(class teacher)

**Headteacher Agreement to Administer Medicine**

It is agreed that will receive

medicine as detailed above.

This arrangement will continue until either the end date of the course of medicine or until instructed by parents.

Signed ………………………………………………………. Date………………………………