The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. The Headteacher agrees that staff may either administer to or supervise your child taking his/her medication.

|  |  |
| --- | --- |
| Name of school | **Ferndown Middle School** |
| Name of child |  |
| Date of birth |  |
| Tutor group |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine  *(as described on the container)* |  |
| Date of issue |  |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – **y/n** |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy.**  (This is for all forms of medicines including tablets, inhalers, throat lozenges, painkillers, etc.)  **Contact Details** | |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to the school office (unless previously arranged). | |

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

Signature       \_\_\_\_\_\_\_\_\_\_\_\_\_ Date