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