

## Parental Agreement for Coppice Valley C P School to Administer Medicine

- ▶ The school will not give your child medicine unless you complete and sign this form.
- ▶ I hereby authorise the Headteacher or person authorised by the Headteacher to administer the medication detailed below.
- ▶ I accept that this is a service that the school is not obliged to undertake.
- ▶ I understand that the person who administers the medication will not be medically trained and that it is not part of their obligations under their contract of employment, and I confirm that I will not hold the Governors, the school staff or the Education Authority responsible for any loss, damage or injury resulting from the administration of this medication.
- ▶ I confirm that the medicine is in the original container as dispensed by the pharmacy, showing the name of the medication, the name of the patient, dosage, any specific instructions for administration and date of issue or expiry date.

School:	Coppice Valley Community Primary School
Date:	.....
Child's Name:	.....
Child's D.O.B:	.....
Class:	.....
Name of Medication:	.....
Dosage:	.....
Time to be given:	.....
Any other instructions:	.....
Any possible side-effects?	.....
Is the child able to administer the medicine themselves?	Yes / No

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 if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed ..... (Parent/Carer)

Name: ..... Date .....