**Parental/Carer Agreement for Bleak Hill to Administer a Prescribed Medicine**

Head Teacher Mr McCoy/ Senior First Aider Mrs D Aspinall-Wood

* All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child’s name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.

**The school will not administer the first dose in case of a reaction to the medication**

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| **Child’s name** |  |
| **Child’s date of birth** |  |
| **Class** |  |
| **Name of medicine & strength of medicine 1** |  |
| **How much (dose) to be given. For example: One tablet, One 5ml spoonful** |  |
| **At what time(s) the medication should be given** |  |
| **Reason for medication** |  |
| **Name of medicine & strength of medicine 2** |  |
| **How much (dose) to be given. For example: One tablet, One 5ml spoonful** |  |
| **At what time(s) the medication should be given** |  |
| **Reason for medication** |  |
| **Name of medicine & strength of medicine 3** |  |
| **How much (dose) to be given. For example: One tablet, One 5ml spoonful** |  |
| **At what time(s) the medication should be given** |  |
| **Reason for medication** |  |
| **Name of medicine & strength of medicine 4** |  |
| **How much (dose) to be given. For example: One tablet, One 5ml spoonful** |  |
| **At what time(s) the medication should be given** |  |
| **Reason for medication** |  |
| Are there any possible side effects that the school needs to know about? If yes, please list them |  |

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| **Mobile number of parent/carer** |  |
| **Daytime landline for parent/carer** |  |
| **Alternative emergency contact name** |  |
| **Alternative emergency phone no.** |  |
| **Name of child’s GP practice** |  |
| **Phone no. of child’s GP practice** |  |

* I give my permission for a first aider to administer the prescribed medicine to my child during the time they are in school.
* The above information is, to the best of my knowledge, accurate at the time of writing.

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| **Parent/carer name** |  |
| **Parent/carer signature** |  |
| **Date** |  |