The Wolds Federation of Schools

Executive Headteacher Mrs Elizabeth Harros

www.thewoldsfederation.co.uk

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

The school will not give your child prescribed medicine unless you complete and sign this form and the school has a policy that staff may administer medicine.

Name of child:	
Group/class/form:	
Date of birth:	
Medical diagnosis or condition:	

MEDICINE

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

WHEN TO BE GIVEN

Dosage:	
Any other instructions:	
Expiry date of medication:	

Medicines must be in the original container as dispensed by the pharmacy

Agreed review date to be initiated by: (staff member)	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration (Asthma only)	☐ Yes ☐ No
Procedures to take in an emergency	
Name and telephone number of GP	

Please turn over to complete and sign

Beswick and Watton CE Primary School
T: 01377 270339
E: beswick@eastriding.gov.uk

Middleton on the Wolds CE Primary
T: 01377 217323
E: middleton.primary@eastriding.gov.uk

Bishop Wilton CE Primary School
T: 01759 368313
E :bishop.wilton@eastriding.gov.uk

CONTACT DETAILS

Contact name:	
Daytime telephone/mobile:	
Relationship to child:	
Address:	
Any other information:	

I give consent for the school staff to administer the above mentioned prescribed medication to my child. I understand that I must deliver the medicine personally to the agreed member of staff detailed below:

Name of staff member:

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes in my child's condition/medication.

Parent/guardian's signature:		Date:

If more than one prescribed medicine is to be given a separate form should be completed for each prescription.