**Parental/Carer Agreement to Administer a Prescribed Medicine**

Oakdene Primary School

Headteacher: Ms. L. Young.

* 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.

* A separate form is required for **each medicine**.

**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** |  |
| **Today’s Date** |  |
| **Name of medicine** |  |
| **I confirm that this medicine has been administered previously with no adverse effect.** | YES / NO |
| **Strength of medicine** |  |
| **Special storage instructions?** |  |
| **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** |  |
| **Duration of medicine**  Please specify how long your child needs to take the medication for. |  |
| Are there any possible side effects that the school needs to know about? If yes, please list them |  |

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| I give permission for my son/daughter to administer their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis | Yes |  |
| No |  |
| Not applicable |  |

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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 the headteacher (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
* I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school/nursery premises.
* I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
* 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** |  |

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| **Authorised to be administered in accordance with policy, by** | Oakdene Office: |
| **Signature** |  |
| **Date** |  |

**Record of Medicine Administered to an Individual Child**

Oakdene Primary School

Headteacher: Ms. L. Young

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| Child’s Name |  |
| Ref No for long-term medication |  |
| Name of Medicine |  |
| Date Medicine provided by Parent |  |
| Expiry Date |  |
| *Date medicine returned to parent* |  |
| *OR date taken to pharmacy for disposal* |  |

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| Date | Time Given | Dose Given | Given By Witnessed by | | Reason Not Given |
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| Date | Time Given | Dose Given | Given By Witnessed by | | Reason Not Given |
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