



SOMERSET COUNCIL
 ILCHESTER COMMUNITY PRIMARY SCHOOL
HEADTEACHER: Mrs M Mordue BA (Hons) Dip. Couns
 e-mail: office@ilchestercommunityprimary.com
 website: www.ilchestercommunityprimary.com



Parental Agreement for Ilchester Community Primary School to Administer Medicine

Ilchester School will not give your child medicine unless you complete & sign this form.

THIS FORM WILL BE RETAINED FOR ONE FURTHER YEAR FROM THE DATE OF WHICH THE PUPIL LEAVES THE SCHOOL AND THEN SECURELY DESTROYED IN LINE WITH THE SCHOOL'S RECORD RETENTION SCHEDULE AND AS SET OUT IN THE SCHOOL'S MANAGING CHILDREN WITH MEDICAL NEEDS POLICY.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine:

Name/type of medicine (as described on the label)	
Date dispensed	
Expiry Date	
Dosage & method	
Timing	
Special precautions/ other instructions	
Any known side effects?	
Self-administration Y/N	
Procedure to be taken in emergency	

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

Contact Details:

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Ilchester School staff administering medicine in accordance with their school policy. I will inform Ilchester School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): **Date:**

Record of Medicine to be Administered to an Individual Child by Ilchester Community School

Name:

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

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