 **Appendix 2 MED 1**

**Parental Permission to Administer Medicine**

Killigrew Primary and Nursery School will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer prescribed medicines.

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Class |  |
| Medical condition |  |
|  |  |
| **Medicine** |  |
| Name/type of medicine(*as described on the container*) |  |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school needs to know about? |  |
| Self-administration Y/N |  |
| Procedures to take in an emergency |  |
|  |  |

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

|  |  |
| --- | --- |
| **Contact Details** |  |
| Name |  |
| Daytime telephone No |  |
| Relationship to child |  |
| Address |  |
|  |  |

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

Parent signature ………………………………………………………………………...

Date…………………………………………………………………………………………….