Astley Park School will not give your child medicine unless you complete and sign this form. We have a school policy that staff can administer medicine.

|  |  |
| --- | --- |
| Date for review to be initiated by  Name of school  Name of child  D.O.B  Class  Medical condition or illness |  |
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**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 school needs to know about?  Self –administration –yes / no  Procedures to take in an emergency |  |
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**N.B: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
|  |
|  |
|  |
| I understand that I/ Passenger Assistant must deliver the medicine personally to a member of the class staff. | *Signature* |

*The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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.*

Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_