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 byName of schoolName of childD.O.BClassMedical condition or illness |  |
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|  |

**Medicine**

|  |  |
| --- | --- |
| Name / Type of medicine (as described on the container).Expiry dateDosage and methodTimingSpecial precautions / other instructionsAre there any side effects that school needs to know about?Self –administration –yes / noProcedures 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_