**Parental agreement/consent for the administration of medication by Rydon Primary**

Staff at Rydon Primary will NOT administer any prescribed medicine to your child unless you have completed this form

Please ensure all medication is clearly marked in a clear plastic bag with your child’s name and class.

**Child’s details**

|  |  |
| --- | --- |
| Full name  |  |
| Date of birth |  |
| Class |  |
| Address |  |

**Medication details**

|  |  |
| --- | --- |
| **Reason for medication** |  |
| **Name of medication** |  |
| **Duration of medication** |  |
| **Date dispensed/first day of medication** **\*In the case of Paracetamol/Ibuprofen, TIME last** **administered at home as informed by****parent/guardian** |  |
| **Dosage to be given by school** |  |

**\*PLEASE NOTE THAT WE WILL ONLY ADMINISTER PARACETAMOL/IBUPROFEN FOR A MAXIMUM OF 2**

**DAYS UNLESS PROVIDED WITH A DOCTOR’S NOTE**

**Parent/Guardian Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to child** |  |
| **Address (if different to above)** |  |
| **Contact telephone number** |  |

**I understand that medications must be delivered by a responsible adult to the school office.**

**I understand that all medications will be stored safely and securely in school.**

**I accept that this is a service which the school is not obliged to undertake.**

**I confirm that I have administered the above medication in the past without any diverse effects.**

**Signature Date**