

Appendix A – Medical Needs Policy

This form is based on guidance documents from Department for Education and Norfolk County Council

Blofield Primary School

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PARENTAL AGREEMENT FOR SCHOOL/ SETTING TO ADMINISTER MEDICINE

The school/ setting will not give your child medicine unless you complete and sign this form and the school/ setting has a policy that staff can administer medicine.

Name of school/setting:	Blofield Primary School
Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

Medicine

Date medicine provided by parent/ carer:	
Name/ type and strength of medicine <i>(as described on the container):</i>	
Number of tablets/ amount of medicine given to school/ setting:	
Expiry date:	
Dosage (how much to give) and method e.g. oral/ topical:	
Frequency/ when to be given:	
Special precautions/ other instructions:	
Are there any side effects that the school/setting needs to know about?	
Self-administration:	YES / NO
Duration of treatment/ end date:	
Procedures to take in an emergency	

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

Contact Details of parent/ carer

Name:

Daytime telephone number:

Relationship to child:

GP Name and telephone number:

I understand that I must deliver the medicine personally to:

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

Parent/ Carer Name: Signature: Date:

For school/ setting use only:

Name of staff receiving medicine:

Number of tablets/ amount of medicine received:

Details provided by parent confirmed:

YES / NO

Date for review to be initiated by:

Quantity of medicine returned to parent:

Staff Signature:..... Date:

Record of administration

Date					
Time given					
Dose given					
Any reactions/ side effects					
Name & initials of staff member					

Record of administration (continuation sheet – to be attached to Agreement)

Name of child:

Date					
Time given					
Dose given					
Any reactions/ side effects					
Name & initials of staff member					

Date					
Time given					
Dose given					
Any reactions/ side effects					
Name & initials of staff member					

Date					
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Dose given					
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