



PARENTAL AGREEMENT FOR A DCC ESTABLISHMENT TO ADMINISTER MEDICINE

DCC Establishment./Setting

Notes to Parent/Carer

Note 1: *This establishment will not give your child medicine unless you complete and sign this form and where the establishment has a policy that staff can administer medicine.*

Note 2: *All Medicines must be in the original container as dispensed by the pharmacy, with the young person's name, its contents, the dosage and the prescribing doctor's name*

Note 3: *The information is requested, in confidence, to ensure that the establishment is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a young person, it is hoped that the support given through parental consent, the support of the County Council through these guidelines and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements*

Medication details

Date	
Child's name	
Date of birth	
Group/class/form	
Name and strength of medicine	
How much to give (i.e. dose to be given)	
When to be given	
Reason for medication	
Number of tablets/quantity to be given to the establishment	
Time limit - please specify how long your child needs to be taking the medication	_____day/s _____week/s

Daytime phone number of parent or adult contact	
Alternative Contact in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by (named member of staff)	

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at a DCC establishment. I will inform the establishment immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's/Carer's Signature _____ Date _____

Office use only:

The Headteacher,

Authorises the administering of medication on the school site

Does NOT authorise the administering of medication on the school site

Signed

Date