



Westfield Primary School
Clayton Crescent
Runcorn
WA7 4TR

Headteacher:
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Promoting independence, individuality and an inquisitive mind

Parental Agreement For School To Administer Medicine

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

Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	

Medicine Note: Medicines must be the original container as dispensed by the pharmacy

Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	

<p>Has this medicine been administered to the child before, without any adverse side affects?</p>	<p>Yes or No Please give details if No?</p>
<p>Are there any side effects that the school/setting needs to know about?</p>	
<p>Procedures to take in an emergency</p>	

Contact Details

<p>Name</p>	
<p>Daytime telephone no.</p>	
<p>Relationship to child</p>	
<p>Address</p>	
<p>Who is the person to be contacted in an emergency <i>(state if different for offsite activities)</i></p>	
<p>Name and phone number of GP</p>	

I accept that this is a service that the school/setting is not obliged to undertake.

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

Date _____ Signature(s) _____