

Form 2: Parental/Headteacher Agreement for School to Supervise your Child taking Medicine

The school will not supervise your child taking medicine unless you complete and sign this form:

Name of School

Name of Child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Date dispensed Expiry date

Dosage and method

Timing
(include date/time medicine was last administered)

Special precautions

Are there any side effects that the school needs to know about?

Procedures to take in an emergency

Contact Details

Name

Daytime Telephone No.

Relationship to child

Address

I understand that I must deliver the medicine personally to the school office.

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

I understand that I must notify the school of any changes in writing.

This arrangement will continue until [either end date of course of medicine or until instructed by parents/carers]

.....

Signed Date

Headteacher/SLT:

It is agreed that [name of learner] will receive [quantity or quantity range and name of medicine] every day at [time medicine to be administered, e.g. lunchtime/afternoon break]. This will continue until [Date].....

[Name of learner] will be given/supervised while they take their medication by [name of member of staff]

.....

Date Signed [headteacher/ member of SLT]