

Southgate School

Parent or Carer Agreement for Southgate School to Administer Medicine



**THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU
COMPLETE AND SIGN THIS FORM**

Wherever possible, medication should always be administered at home, unless it would be detrimental to the attendance of the pupil. Medication must be prescribed.

Name of child	
Date of Birth	
Medical condition or illness	
Name and strength of medicine (as described on container)	
Expiry date	
Dose and method to be given	
Time (s) of day for dosage	
Last date to be given	
Has the child suffered any side effects from the medicine?	Yes No
Special instructions or other precautions	

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED OR PURCHASED
PRESCRIPTION MEDICATION MUST HAVE THE PRESCRIPTION LABEL**

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

Signature of Parent/Carer _____ Date _____

Name of Parent/Carer (please print) _____

If more than one medicine is to be given, please complete a separate form for each one.

FOR SCHOOL USE ONLY:

Agreement for Staff to Administer Medicine



FOLLOW THE SCHOOL POLICY AT ALL TIMES

ALL MEDICATION MUST BE CHECKED AND SIGNED IN BY THE DEPUTY HEAD, PASTORAL MANAGER OR MEMBER OF STAFF WITH PASTORAL RESPONSIBILITY.

By signing below, the Deputy Head, Pastoral Manager, or member of staff with pastoral responsibility, agrees to the following:

I have checked the parent or carer agreement and the Individual Health Care Plan (if relevant). The medication has been signed in to school. I agree for Southgate School staff to administer the medication described on reverse.

Name	Signature	Date

By signing below, staff volunteer to administer the medication described on reverse and agree to the following:

I confirm that I have received any relevant training and that I understand the dosage, method and timing to administer the medication. If I have any concerns or questions about the administration of medication I will inform a member of SLT immediately.

N.B. There must be arrangements in place to ensure the pupil does not receive a double dose (e.g. a nominated primary person or rota to administer) and to ensure the medication is administered in the case of staff absence (e.g. a nominated secondary person).

Name	Signature	Date