

WILLINGTON PRIMARY SCHOOL

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Headteacher: Mrs. P.M. Stones

Parental Consent for Staff at Willington Primary School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form and has a policy that staff can administer medicine, and staff consent to do this. (Every attempt will be made to administer the medicine but occasionally this can be forgotten).

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

Child's name

Year Group

Medical condition or illness

Medicine

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

Dosage and method

Timing – when to be given

Any other instructions eg storage

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

I understand that I must deliver and collect the medicine to and from my child's teacher daily.

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

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

Parent's signature _____ Print Name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

To be completed by staff administrating the medicine

Day	Time	Dose	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Once the week has finished this form must be filed in the Medicine Record File and a new form completed for the following week

