# BRANSTY PRIMARY SCHOOL

## PARENTAL PERMISSION FOR SCHOOL STAFF TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this Form, and the Head teacher has agreed that school staff who volunteer to do so can administer the medication.

**DETAILS OF PUPIL**

Surname: ______________________________

Forename(s): ______________________________

Address: ______________________________ M/F: ______________

______________________________ Date of Birth: ______________

______________________________ Class/Form: ______________

Condition or illness: ______________________________

______________________________

**MEDICATION**

Name and strength of Medication (as described on the container): ______________

Form (e.g. tablets, syrup, cream): ______________

For how long will your child take this medication? ______________

Date dispensed by pharmacist/doctor: ______________

**Full Directions for use:**

Dosage and method to be taken: ______________

Timing: ______________

Special Precautions: ______________

Details of any side effects: ______________

Can your child self-administer? (See Appendix C in SAN(M)1) ______________

Procedures to take in an Emergency: ______________

______________________________

**CONTACT DETAILS:**

Name: ______________________ Daytime Telephone No: ______________

Relationship to Pupil: ______________

Address (if different from Pupil's given above): ______________

______________________________

**I understand that I must deliver the medicine personally to ______________ [agreed member of staff] and accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.**

Date:______________ Signature(s): ______________

Relationship to pupil: ______________