



St Ives School



MEDICAL FORM 1 PARENTAL AGREEMENT FOR SCHOOL ADMINISTRATION OF MEDICINE

For the health and safety of your child and others, students are not allowed to carry any medicines in school, prescribed or otherwise. Medicines should be handed into Reception upon arrival at school and requested as needed (preferably at break or lunchtime), when the administration will be carried out.

Please complete the form below (Medical Form 1) for any regular medication. More forms are available by request or on the school website. Please note, that if your child is prescribed antibiotics or any other short-term medication, a further form will need to be completed.

If your child suffers from asthma and wishes to store an inhaler at school, parents/carers must fill in and sign Medical Form 2 (available from the website or on request).

Parents of students with an ongoing condition, or recovering from a serious illness will need to complete a Medical Care Plan (Form 3) available from the website or on request.

The school will not give your child medicine unless you complete and sign this form.

Name of School: **St Ives School**

Child's Name:

Tutor Group:

Medical condition or illness:

Medicine

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

Name and strength of medicine:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

.....

Any other instructions:

.....

.....

Number of tablets/quantity to be given to school:

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

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.....
.....

Self-administration under supervision: Y/N

Procedures to take in an emergency:

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.....
.....

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

Daytime phone no. of parent or adult contact:

Name and phone no. of GP:

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

Parent/Carer Signature:

Print Name:

Date:

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