

## Parental Agreement for the Judd School to administer medicine

The Judd School will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of School/Setting	
Name of Child	
Date of Birth	
Form	
Medical Condition or illness	
<b>Medicine</b>	
Name/type of medicine ( <i>as described on the container</i> )	
Expiry Date	As per medication
Dosage and Method	
Timing	

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

Contact Details	
Name	
Daytime Telephone Number	
Relationship To Child	
Address	
I understand that I must deliver the medicine in person to	Mrs Julie Marsh or another member of the reception team

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

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: FILE \_\_\_\_\_ SIMS \_\_\_\_\_ WALLETT \_\_\_\_\_ TRIP \_\_\_\_\_

Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration - Y/N	
Procedures to take in an emergency	