

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	
Medicine	
Name/type of medicine (<i>as described on the container</i>)	
Expiry Date	As per medication
Dosage and Method	
Timing	
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	

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 Bates 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 _____