

Agreement for Hartford Infant and Preschool to Administer Medicine



Please complete this form should you need School to administer essential/prescribed medicines to your child. You are then required to meet with the Headteacher briefly to go through the form to ensure that School has all, and understands all, the details. In the absence of the Headteacher, the School Secretary can perform this task.

PUPIL NAME

Class
Date of Birth
Address

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MEDICAL CONDITION/ILLNESS

Symptoms, triggers, signs

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MEDICATION

Expiry Date
Dosage and Method
Timing
Administration
Special precautions/other instructions
Side effects

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What constitutes an **EMERGENCY**

Procedures to take in an emergency

Who is responsible in an emergency
(state if different for off-site activities)

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| Headteacher, Class Teacher |

FURTHER INFORMATION

Daily care requirements
Specific support for the pupil's educational, social, emotional needs
Arrangements for school visits and trips etc
Staff training needed/undertaken – who, what, when
Any other information

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| Adult responsible for pupil's group to take medicine in named sealed container |
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FAMILY CONTACT

Name
Relationship to child
Tel (mobile)
Tel (home)
Tel (work)
Name
Relationship to child
Tel (mobile)
Tel (home)
Tel (work)

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GP

Name
Telephone

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Staff responsible for providing support in School:

Mrs J Eagle, Early Years Team Leader and '3 Day' First Aider
Mrs R Lee, Headteacher
Mrs A Webb, Teaching Asssitant and '3 Day' First Aider
Mrs S Ashcroft, Teaching Assistant and '3 Day' First Aider

_____ Additional name[s] if required

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

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|----------------------------|--|
| Parent Name (please print) | |
| Parent Signature | |
| Headteacher Signature | |
| Date | |

