Orchard Park Community Primary School Medical Care – Form 1



Parental agreement for school to administer medicine

Name of child:			_
Year Group:			_
Medicine			
Name/Type of Medicine (as described on the container):			_
Dosage and Method:			_
Timing:			_
Dates to administer from and to:	From:	To:	_
Are there any side effects that the school needs to know about:			_
Self administration:	Yes/No (delete as a	_	
I understand that I must deliver the medicine personally to the office an I understand that I must notify the school of any changes in writing	d accept that this is	a service that the school is	not obliged to undertake
Date:			_
Signature:			_
Relationship to child:			_

Orchard Park Community Primary School Medical Care – Form 2 Record of medicines administered in school to all children



Date	Child's name	Time	Name of Medicine	Dose given	Reactions	Staff Signature	Print name	Parent Signature