



## Form 2

### Parental agreement for school to supervise medication

The school will not supervise your child taking medication unless you complete and sign this form in accordance with the school's policy that staff can supervise.

<b>Child's name</b>			
<b>Form</b>		<b>Date of birth</b>	
<b>Name of medicine</b>			
<b>No of tablets/devices given to school</b>		<b>Expiry date</b>	
<b>How much is pupil to take each dose?</b>		<b>What time(s) should a dose be taken?</b>	
<b>Any other instructions?</b>			
<b>Known side effects</b>			

Please note: Medicines must be in their original container (as prescribed by the hospital/GP/dentist) and dispensed by the pharmacy, surgery or hospital. The pharmacy label stating the child's name, the name of the medication, the dose and the frequency must be clearly visible.

#### In case of emergency:

<b>Who can we contact?</b>	<b>Telephone number</b>	<b>Relationship to child</b>
<b>Any specific guidance to school?</b>		
<b>GP's name and telephone number</b>		

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff to supervise my child taking their medication as detailed above, in accordance with school policy. I understand that I must notify the school of any changes to dosage or frequency of medication immediately in writing.

<b>Signature of Parent/Carer</b>			
<b>Print name</b>			
<b>Relationship to child</b>		<b>Date</b>	

*School's use only – is there a copy of Headteacher's permission to supervise the taking of this medication - if not, do not proceed*