



Tel & fax: 01869 338430

Email: office.3452@deddington.oxon.sch.uk.

Website: www.deddingtonprimaryschool.co.uk

Headteacher:

Mr Clive Evans

Assistant Headteachers:

Mrs Kerry Simpson

Miss Tabitha Sharland

Parental agreement for school to administer medication

Deddington Primary School will not give your child medicine unless you complete this form. A separate form will need to be completed for each medicine.

Name of child:	
Date of birth:	
Class:	
Medical condition / illness:	

Medicine Name (as printed on the container):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the school needs to know about:	
Procedures to take in an emergency:	
Self-administered:	Yes / No

Parent / carer contact name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to the class teacher / school.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school 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.

Name: _____ Signed: _____ Date: _____

Record of medicine administered to child overleaf

Name of child:	
Class / year group:	
Name of staff member administering medicine overleaf:	
Have you checked the details on this form with the medicine you are administering?	Yes / No
Date given:	
Time given:	
Dosage given:	
Signature confirming given in accordance with the details provided on this form (overleaf):	

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Have you checked the details on this form with the medicine you are administering?	Yes / No
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Signature confirming given in accordance with the details provided on this form (overleaf):	