



# St Michael & All Angels

## Catholic Primary School

New Hey Road, Upton, Wirral, CH49 5LE

Headteacher: Mrs S Ralph

Twitter: @smaaaweb, @smaaanews

Tel 0151 677 4088  
Fax 0151 677 0885  
Absence Line 07592020601  
[www.smaaawirral.com](http://www.smaaawirral.com)

### Parental agreement for school to administer medicine

The 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 prescriptive medicine.

Name of school	St Michael & All Angels Primary School
Full name of child	
Date of birth	/ /
Class	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	

#### **Medicine**

**Note: Medicines must be the original container as dispensed by the pharmacy**

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Name of staff -agreed review date to be initiated by	
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self administration	
Procedures to take in an emergency	

[Type here]



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### Contact Details

Name

Daytime telephone no.

Mobile telephone no.

Relationship to child

Address

Who is the person to be contacted in an emergency (state if different for offsite activities)

Emergency telephone contact no.

Name and phone no. Of GP

Name of staff - I understand that I must deliver the medicine personally to

I accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff (or my son/daughter) administering medicine in accordance with the school policy. I understand that I must notify the school in writing of any change in dosage or frequency of medication or if medication is stopped.

PRINT NAME \_\_\_\_\_

Signature(s) \_\_\_\_\_

DATE: \_\_\_\_\_

[Type here]



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### Head teacher Agreement to Administer Medicine

Name of school

St Michael and All Angels Catholic Primary

It is agreed that .....[insert name of child] will

receive .....

[quantity and name of medicine]

every day at.....

[time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] .....will be

given/supervised whilst he/she takes their medication by

.....[name of member of staff].

This arrangement will continue until.....

[either end date of course of medicine or until instructed by parents].

Date \_\_\_\_\_

Signed \_\_\_\_\_

(The Head teacher)

PRINT NAME: \_\_\_\_\_

[Type here]