



St George's Bickley CE Primary School

Medical Form 4: Administering Non Prescribed Medicine

For all medical needs and conditions *(one form to be completed for each medicine)*

NB: St George's CE Primary School will not give your child medicine unless you complete and sign this form.

Child's Name:	
Date of Birth:	
Class:	
Medical Condition or illness:	
Medicine – name, type and strength (to be in original container with label)	
Expiry Date of Medicine:	
Date commenced:	
Date to cease medicine:	
Dosage and method:	
Time to be given:	
Special instructions: Eg: in what circumstances should it to be given/how often:	
Special precautions: Eg: keep in fridge	
Are there any side effects that the school should be aware of?	
Self-administration:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures to take in an emergency:	

PARENT/GUARDIAN CONTACT DETAILS	
Parent/Guardian name:	
Relationship to Pupil:	
Daytime tel no:	
Address:	
OFFICE USE ONLY: DISTRIBUTION:	Medical Lead MF/DA/EP Class Teacher/TA/ medical file /first aid file/ SIMS/ Medical report run/Nourish/Dragon Clubs/Family Worker /PE/MDS/RFage/YDesborough/B Delasaux/LKnight/MDanino Other:

I understand that :

- I must deliver the medicine safely to the school office
- Children will not be allowed to carry their own medicines/relevant devices, unless in exceptional circumstances, that the office must be informed of.
- It is the parents/guardian's responsibility to ensure all medication for their child is 'in date' and is replaced by the parent/carer when nearing to end of life (it is not the school's responsibility to remind parents when this is).
- It is not the responsibility of the school to remind parents to collect medicines that are no longer required or are out of date.
- It is the responsibility of the parent/guardian to collect all medicine if a child leaves the school or the medicine goes out of date. If a child leaves the school or the medicine goes out of date and it has not been collected, the school will dispose of the medicine appropriately, without contacting the parent/guardian.

The information I have provided is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school personnel administering medicine in accordance with the 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. I give consent that any unused or out of date medication may be disposed of accordingly by the school office.

Parent / Guardian signature:

PRINT NAME:

DATE: