**Agreement to Administer Medication**

The Cavendish School will not give your child medicine unless you complete and sign this form.

Administration of over the counter medication including Paracetamol/Ibuprofen will also only be given with this signed form.

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| Date for review to be initiated by | End of Autumn Term |
| Name of school/setting | The Cavendish School |
| Name of child |  |
| Date of birth |  |  |  |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Expiry date |  |  |  |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Staff to administer medicationSelf-administration: **Yes / No** | Class Teacher, Class TAs, First aiders, SLT(n.b We do not allow self-administration under16yrs) |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to | Transport assistant or Reception |

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Relationship to child: |  |