**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 medication  Self-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: | |  |