

## Parental request for Calpol to be administered on French residential

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer certain medicines.

<b>Childs name:</b>		<b>DOB:</b>
<b>Medical condition/illness:</b>		<b>Class/form:</b>
<b>Name/type of medicine (as described on the container)</b>	<b>Calpol</b>  <b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	
<b>Expiry date</b>		
<b>Dosage and method</b>	<b>Age relevant dosage from packaging</b>	
<b>Times of day medicine is to be administered</b>		
<b>Date and time the most recent dose was given</b> ( school should not give the first dose of a medicine )		
<b>Special precautions / instructions</b>		
<b>Are there any side effects that the school needs to know about?</b>		
<b>Procedures to take in an emergency</b>		

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 and the prescribers instructions.

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 understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

**School Consent:**

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

Signature .....Date.....

NB : If more than 1 medication is to be administered then a separate form should be used for each one.