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Stokenchurch Primary School

George Road
Stokenchurch
Buckinghamshire HP14 3RN

Headteacher: Mr Nick Stevens



Staff Agreement Form for School to Administer Non-Prescription Medicine

The school will not give medicine unless you complete and sign this form.

Name: _____

Date of Birth: _____

Medical Condition/illness: _____

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

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

When to be given: _____

Dosage: _____

Any other instructions: _____

Special Precautions: _____

Are there any side effects that the school needs to know about? _____

Procedures to take in an Emergency: _____

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

HAPPY VALUED CURIOUS AMBITIOUS TOLERANT RESPECTFUL CONFIDENT
CONSIDERATE INDEPENDENT RESILIENT ENTHUSIASTIC SUCCESSFUL

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship: _____

Address: _____

I confirm that I have taken this prescription medication, without adverse effect in the past.

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____

Signature(s): _____