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Stokenchurch Primary School

George Road  
Stokenchurch  
Buckinghamshire HP14 3RN

Headteacher: Mr Nick Stevens



## Staff Agreement Form for School to Administer 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): \_\_\_\_\_

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## ● For Parents with children with Asthma only.

Parental Agreement for school to administer an Emergency Inhaler.

The school will NOT give your child medicine unless you complete and sign below.

- *I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler as a reliever medication.*
- *My child has a working, in-date inhaler, clearly labelled with their name, which will be held in school.*
- *In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, (i.e. is broken, empty or is not in school) I consent for my child to receive salbutamol from an emergency inhaler held in school for such emergencies.*

## Contact Details

Name: \_\_\_\_\_

Home Telephone number : \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to child \_\_\_\_\_

