

**Oakmeadow CE Primary School**

**Bayston Hill**

**Shrewsbury Shropshire**

**SY3 0NU**

**Tel No: 01743 875020**

**Head teacher: Deputy Head teacher:**

Mrs C Whelan BA (Hons) QTS NPQH Pg CertMrs S Hill

**Contact**: Email: [admin@oakmeadowprimary.co.uk](file:///\\taw.org.uk\zoneE\homes\TAWE05STAFF\Carla.Whelan\admin@oakmeadowprimary.co.uk) **Information**: [www.oakmeadowprimary.co.uk](http://www.oakmeadowprimary.co.uk)

**Appendix 5: Parental Agreement for School to Administer Medicine**

**All medicine must be handed to the school reception by a parent/carer and collected at the end of the day. No medication will be hanned over to a child.**

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

|  |  |  |
| --- | --- | --- |
| **Name of child** |  | |
| **Date of Birth** |  | |
| **Class** |  | |
| **Medical condition or illness** |  | |
| **Name & Phone no. of GP** |  | |
| **Name/Type of Medicine**  **(as on the container)** |  | |
| **Dosage & Method** |  | |
| **Are there any side affects**  **the school need to be aware of?** |  | |
| **Procedures to take in an emergency** |  | |
| **Contact Details** | **Name** |  |
|  | **Telephone no.** |  |
|  | **Relationship to child** |  |
|  | **Address** |  |

I 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 to my childs medication in writing.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note:** it is your responsibility to ensure that the school is kept informed about any changes to your child’s medicines, including how much they take and when. Is is also your responsibility to provide the school with medication that is clearly labelled and in date.