**Parental/Carer Agreement to Administer an ‘Over the Counter’ (OTC) Medicine**

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| The Federation of St Mary’s Catholic SchoolsJunior SchoolBarn Way,Newton Le WillowsWA12 9QQInterim Executive Headteacher Debby RigbyHead of School Katie Fleetwood-Redmond |

All over the counter (OTC) medicines must be in the original container.

A separate form is required for **each medicine**.

**The school will not administer the first dose in case of a reaction to the medication**

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| **Child’s name** |  |
| **Child’s date of birth** |  |
| **Class/form** |  |
| **Name of medicine** |  |
| **Strength of medicine** |  |
| **How much (dose) to be given. For example:** **One tablet****One 5ml spoonful** |  |
| **At what time(s) the medication should be given** |  |
| **Reason for medication** |  |
| **Duration of medicine**Please specify how long your child needs to take the medication for |  |
| Are there any possible side effects that the school needs to know about? If yes, please list them |  |

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| I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff. | Yes |  |
| No |  |
| Not applicable | X |

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| **Mobile number of parent/carer** |  |
| **Daytime landline for parent/carer** |  |
| **Alternative emergency contact name** |  |
| **Alternative emergency phone no.** |  |
| **Name of child’s GP practice** |  |
| **Phone no. of child’s GP practice** |  |

* I give my permission for the Head of School (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
* I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
* I confirm that the dose and frequency requested is in line with the manufacturers’ instructions on the medicine.
* I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
* The above information is, to the best of my knowledge, accurate at the time of writing.

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| **Parent/carer name** |  |
| **Parent/carer signature** |  |
| **Date** |  |