



Agreement for School to Administer & Store Medication

If you require school staff to administer or store prescribed medicines for your child, (those which need to be administered **4 times** a day or more, or for those children attending extended childcare or for those children with a long-term health care plan), the following information is required to be completed by the parent/carer and brought into the office staff. All doses given by the school staff during school hours, will be recorded on the school medicine record sheet.

Without this form being completed we are unable to administer or store medication. Parents need to be aware of the following.

- I understand that this is a service that the School are not obliged to undertake.
- I understand that I must deliver the medicine personally to the School Office and that Medicines should be in the same container as dispensed by the pharmacy. Rokeby staff will **not administer non-prescribed medicines**.
- Rokeby staff will do their best to administer as near as possible to the requested time, however, we **cannot guarantee** the exact time of administering the medication.
- Medicines which need to be taken **3 times a day can be administered at home** therefore the school will not take on this responsibility. This excludes children with long-term health plans or who attend wrap around care.
- If there are any subsequent changes in medicines or doses to be given, then these must be notified immediately to the school.

Name of Child:	Date of birth:
Medical Condition or Illness:	
Name/Type of Medicine:	
Date Dispensed:	Date Expires:
Dosage & Method:	Time of Administration:
Child can administer themselves: Yes or No	
Are there any side effects that the school needs to know about or procedures to take in an emergency?	
Emergency Contact Name:	
Daytime Telephone Number:	Relationship to Child:
Address:	

The above information is, to the best of my knowledge, accurate at the time of writing and I understand that I must notify the school of any changes in writing.

Parent/Guardian signature: _____ Date: _____

Name in Block Capitals: _____

