

# *The Partnership of Bildeston Primary and Whatfield CEVC Primary Schools*



## **Whatfield CEVC Primary School**

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***Headteacher: Ms Lynne CS Golding B.Ed., N.P.Q.H., M.A.***

### **FORM – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE**

The school will not give your child medicine unless you complete and sign this form and the School has a policy that staff can administer medicine.

Name of School: **WHATFIELD CEVCP SCHOOL**

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Medical Condition or Illness: \_\_\_\_\_

Name and Type of Medicine: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Dispensed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage and Method: \_\_\_\_\_

Self Administration? **YES / NO** (delete as appropriate)

When to be given: \_\_\_\_\_

Are there any side effects that the school need to know about? \_\_\_\_\_

\_\_\_\_\_

Any other instructions: \_\_\_\_\_

\_\_\_\_\_

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

**Daytime Telephone Number:**

Of Parent or Adult Contact: \_\_\_\_\_

GP Name and Phone No \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.



Linguamarque