



# DANE GHYLL COMMUNITY SCHOOL AND NURSERY



## PARENTAL PERMISSION FOR STAFF TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign the form, and the Head Teacher has agreed that school staff who volunteer to do so can administer the medication.

### DETAILS OF PUPIL

Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year: \_\_\_\_\_

Condition or illness: \_\_\_\_\_  
\_\_\_\_\_

### MEDICATION

Name and strength of medication (as described on the container): \_\_\_\_\_  
\_\_\_\_\_

How long will your child be taking this medication? \_\_\_\_\_

### FULL DESCRIPTION OF USE

Dosage and method to be taken: \_\_\_\_\_

Timing: \_\_\_\_\_

Details of side effects: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_  
\_\_\_\_\_

### CONTACT DETAILS

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

Daytime telephone number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Signature: \_\_\_\_\_

I accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I agree to inform the school of any change to this information by completing a new form at the earliest convenience.