



Lawn  
Primary  
School

### Administration of medicine during the school day

#### Parental Agreement

Please ensure that you have read and clearly understood the requirements before completing this form.

- Only medication prescribed by a doctor four times a day will be administered by school staff. For further information please ask for a copy of our medicines policy.
- If a child needs medication during the school day parents need to arrange to come in to school to give the child the medicine themselves – with prior notification.
- This is a service that school is not obliged to undertake.
- Parents with children who have regular medication (i.e. inhalers, EpiPen's etc.) will need to make arrangements with the school according to the child's needs. It will be the parent's responsibility to ensure medication is hygienically maintained and in date.

***Medication must be in its original container and dispensed by the pharmacy.  
Non-prescription medicine will not be administered.***

Date:	Childs Name:	Class Teacher
Name and strength of medicine:		Expiry date:
How much to be given:		When (approx. time)
Route (mouth, ear, eye)		Storage instructions:
Brief description of condition / illness for which the medication is required:		
Any other instructions:		

Norbury Close, Allestree, Derby DE22 2QR

Telephone: (01332) 550178

Email: [admin@lawn.derby.sch.uk](mailto:admin@lawn.derby.sch.uk)

Website: [www.lawn.derby.sch.uk](http://www.lawn.derby.sch.uk)

The information overleaf 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 school immediately and will complete another form if there is any change in the dosage or frequency of medication.

I can be contacted on the following telephone number during school hours:	
Home .....	Work .....
Mobile .....	Signature .....
Childs doctor:	
Name .....	Telephone Number .....
Address .....	

This arrangement will continue until otherwise instructed by the parent / carer

Signed ..... Print .....

Date .....

**Medical administration Record**

Date	Time	Dose	Signed

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