



# Parent / Guardian Agreement for Newfield School to administer medicine 2024/25

*Newfield School will not give your child medicine unless you complete and sign this form.*

Date today:			
Name of child:			
Date of birth:			
Class			
Medical condition or illnesses			

## PRN – Medicine (non-prescribed)

Name/type of medicine: <i>(as described on the container – not the brand name) e.g. Paracetamol (not Calpol)</i>			
Strength of Medication e.g. 1mg/5ml <i>(as described on the container)</i>			
Dosage amount:			
Time(s):			
Expiry date:			
Method – (Oral, PEG, JEJ etc.)			
Special precautions/other instructions/ refrigerated etc....			
Purpose of medication and signs or symptoms for administration.			
Are there any side effects that the school/setting needs to know about?			
Self-administration – Y/N			
Procedures to take in an emergency			

**NB: Medicine must be in the original container, unopened and correctly labelled.**

### Parent / Guardian - Contact Details and Consent for Newfield School Staff to administer this medication.

Name:			
Daytime telephone no:			
Relationship to child:			
Address:			
Duration of consent – School Year - September 2024 to July 2025	Yes or No (if No date consent will end)		

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

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_