WALTHAMSTOW MONTESSORI SCHOOL

PARENTAL AGREEMENT FOR WMS TO ADMINISTER MEDICINE

Please refer to our school policy on medicines – this can be located on the school website.

All medicines must have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). Medication must be in its original packing, clearly labelled with the child's name.

Trained staff within our school can administer medicine. Your child will only be given medicine once this form is completed and authorised.

| Walthamstow Montessori School | |
|--|---|
| Name of child: | Child's Date of Birth: |
| Medical condition or illness: | |
| | |
| | |
| MEDICATION | |
| Name/Type of medicine (as described on the | |
| container). | |
| Date dispensed: | Expiry Date: |
| Dosage and method: | Timing: |
| | |
| | |
| | |
| Special instructions: | |
| (storage) | |
| | |
| | |
| Potential side effects: | |
| | |
| | |
| Procedures to take in an emergency: | |
| | |
| | |
| Contact Details: | |
| Relationship of parent/carer: | Relationship to child: |
| Daytime phone no: | |
| Address: | |
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I understand that I must deliver the medicine to a member of staff directly.

I understand that I must notify the setting of any changes in writing.

I understand that any authorised adult who has my permission to collect my child on a daily basis will be asked, on my behalf, to sign the daily record of medication that has been administered. I confirm that my child has been administered the medication at home and monitored for the last 48 hours and that no adverse reaction has been observed.

| Parent Signature(s): | Date: |
|---------------------------|-------|
| i di Citt Jigilatai C(3). | Date |