



# Wells-next-the-Sea Primary & Nursery School & Alderman Peel High School

A Specialist Sports College



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## AGREEMENT TO ADMINISTER MEDICINE

Dear Parent/Carer

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.

|   |                           |
|---|---------------------------|
| <b>Name of School:</b>  | Alderman Peel High School |
| <b>Name of Child:</b>   |                           |
| <b>Date of Birth:</b>   |                           |
| <b>Year and Tutor:</b>  |                           |
| <b>Medical condition or illness:</b>  |                           |
| <b>Date of review/when course of medication ends</b>  |                           |
| <b>Medicine to be administered</b>  |                           |
| <b>Name/type of medicine (as described on the container)</b>  |                           |
| <b>Dosage and method</b>  |                           |
| <b>Timing</b>   |                           |
| <b>Are there any side effects that the school needs to know about?</b>                                  |                           |
| <b>Self-administered –Yes/no</b>  |                           |
| <b>Procedures to take in an emergency</b>   |                           |
| <b>PLEASE NOTE MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY</b>             |                           |
| <b>PARENTAL CONSENT AND CONTACT DETAILS</b>   |                           |
| <b>Name</b>   |                           |
| <b>Daytime telephone number</b>   |                           |
| <b>Relationship to child</b>  |                           |
| <b>Address:</b>   |                           |
| <b>I understand that I must deliver the medicine personally to reception or agreed member of staff.</b> |                           |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the 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 signature.....Date.....

