



A caring learning community
Head Teacher: Mrs E Cole B Ed (Hons)

Healthcare Plan

Parental agreement for Malvern Way School to administer medicine

Malvern Way will not give your child medicine prescribed by your doctor unless you complete and sign this form. All medication is to be collected at end of the Summer term & returned on the first day of the Autumn term.

Name of School Malvern Way Infant School

Child's name _____

Class _____

Date of Birth _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

Clinic/Hospital contact

GP

Name _____

Name _____

Phone No. _____

Phone No. _____

Address _____

Address _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs: e.g. Swelling of face, pale, sweating, wheezing etc

Follow up care:

Who do we contact in an Emergency:

Medicine

Name/Type of Medicine (as described on the container):

Dosage and method:

Timing:

Special Precautions:

Are there any side effects that the school/setting needs to know about?

Self Administration:

Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Please place medicine in a named box (empty ice cream tubs are ideal) with a passport sized photograph of your child and date of birth clearly marked on the front.

I understand that I must deliver the medicine personally to Mrs Cole and accept that this is a service that the school is not obliged to undertake.

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

Date:

Signature(s):

Relationship to child:

Confirmation of the Head's agreement to administer medicine

Date:

Signed:

The Headteacher - Mrs E Cole