

**Toot Hill School**  
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**TOOT HILL**  
SCHOOL

**Record of medicine stored and administered to an individual child**

Name of school/ setting	
Name of child	
Date medicine provided by parent	
Group/ class/ form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_





## Parental agreement for setting to administer medicine

The school/ setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school	
Childs name (Legal)	
Childs preferred name (where applicable)	
Group/class/form	
Date of birth	
Childs address	
Gender (legal)	
Child identifies as (where applicable)	
Medical diagnosis condition	
Date	
Review date	

## Medication (1)

Medicines must be in the original container as dispensed by the pharmacy

Name/ type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing for delivery	
Special precautions/ other instructions	
Are there any side effects that the school needs to know about?	
Self-administration (Y/N)	
Procedures to take in an emergency	

## Medication (2)

Medicines must be in the original container as dispensed by the pharmacy

Name/ type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing for delivery	
Special precautions/ other instructions	
Are there any side effects that the school needs to know about?	
Self-administration (Y/N)	
Procedures to take in an emergency	

I understand that I must hand deliver the medicines personally to reception.

The above information 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 the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Date \_\_\_\_\_