



Little Hill Primary School

Headteacher: Mrs V Pankhania

Launceston Road, Wigston, Leicestershire, LE18 2GZ

Telephone: 0116 281 1963

E-mail: office@littlehill.leics.sch.uk

Twitter: @LITTLEHILLSCH

www.littlehill.leics.sch.uk

Part of the OWLS Academy Trust

To: Head Teacher of Little Hill Primary School

All non-prescription (over the counter) medicines must be in the original container.

A separate form is required for each medicine.

Child's name	
Class	
Name of medicine	
Strength of medicine	
Quantity of medicine received by the school e.g. number of tablets, sealed or open bottle	
Expiry date of medicine	
Dose - how much to be given e.g. 1 tablet or 1 x 5ml spoonful	
Approximately what time should the medicine be given	
Reason for the medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	
Name of parent/carer completing the form	
Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	

Signed: _____ Parent/carer Date: _____

Signed by the member of staff receiving the medication _____

I **allow / do not allow** for my child to carry out self-administration (delete as appropriate)

I allow / do not allow for my child to carry the medication upon themselves (delete as appropriate)

I will ensure that all medication supplied to the school is in a secure, labelled container as originally dispensed and is not a **non-prescribed medicine containing aspirin**.

I will notify the school of any changes in routine, use or dosage.

I agree to maintain an in date supply of the prescribed medication.

I understand that the school cannot monitor the use of self-administered medication (Inhalers) carried by the child and that the school is not responsible for any loss of or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the school and administered by staff, with the exception of emergency medication which will be near my child at all times.

I understand that staff will be acting voluntarily and in the best interests of my child whilst administering medicines to children.

I undertake to collect all medicines from the school when they are no longer required, expired and at the end of each term.

Signed:

Date:

Name of parent / carer (please print)