

Queen Mary’s Grammar School

## TEMPORARY MEDICATION AGREEMENT

*For use in temporary situations of less than two weeks when the school
 is holding or managing medication.*

|  |  |
| --- | --- |
| **Dates Agreement Valid** | **From:** **To:** |
| **Name of Child** |  |
| **Date of Birth:** |  |
| **Form Group:** |  |
| **Reason for medication:** |  |
| **Medication name (as on container)** |  |
| **Expiry Date** |  |
| **Dose and method (route)** |  |
| **Time for administration** |  |
| **Special precautions** |  |
| **Storage requirements** |  |
| **Procedure to take in emergency** | Call 999Notify parents as below |

Note: **Medication will only be accepted in the original container with the pharmacy label indicating the patient’s name and the dosage.**

**Parent Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Daytime telephone number** |  |
| **Relationship to child** |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Queen Mary’s Grammar School staff to administer this medicine in accordance with the school’s Medical Needs Policy. I will inform the school immediately if there is any change in the details given above or if the medicine is stopped.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_