

Parental agreement for setting to administer medicine



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

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Time to be administered and last date to be given	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Parent/Carer Name	
Daytime telephone no.	
Relationship to child	
Address	
I have handed the medicine to	[name]

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.....

Authorised by member of SLT: Name Signature

Continuation of medication only:	
Change required (dates/dosage etc.)	
Signature(s).....	Date.....

