

Parental Agreement for School 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 staff can administer medicine.

Name of child.....

Date of birth.....

Group/class/form.....

Medical condition or illness.....

Medicine

Name/type of medicine.....

Date dispensed..... Expiry date.....

Time medicine was last administered.....

Maximum dose child should have in 24 hours

Dosage and method..... Timing.....

Special precautions (If none, put none.).....

.....

Are there any side effects that the school needs to know about? (If No put no.)

.....

Self administration Yes/No (*delete as appropriate*)

Procedures to take in an emergency.....

.....

Contact Details

Name..... Daytime telephone no.....

Relationship to child.....

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I accept that this is a service that the school/setting is not obliged to undertake.

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

Date..... Signature(s).....