

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 or setting has a policy that staff can administer medicine.

Name of school:

Name of child:

Date of birth:

Year Group:

Medical condition or illness:

# Medicine

Name/type of medicine

*(as described on the container)*

Date dispensed:

Expiry date:

Dosage and method:

Timing:

Special precautions

Are there any side effects that the school/setting needs to know about?

Self administration

Procedures to take in an emergency

# Contact Details

Name

Daytime telephone no. Relationship to child Address

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

I understand that I must deliver the medicine personally to (named staff member)­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)