

Parental agreement for school/setting to administer medicine

The school/setting 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/Setting _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by
[name of member of staff]: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to the school office and 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):

Relationship to child:

The school agrees to the administration as listed.

Date:

Signature of

Headteacher

Appendix B – Record of medicine administered to an Individual Child

Name of Child: _____

Group/Class/Form: _____

Name/Type of Medicine
(as described on the
container): _____

Dosage and method: _____

Timing: _____

Date	/	/	/	/
Time Given				
Dose Given				
Name of staff				
Staff Initials				

Date	/	/	/	/
Time Given				
Dose Given				
Name of staff				
Staff Initials				

Date	/	/	/	/
Time Given				
Dose Given				
Name of staff				
Staff Initials				