

**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: | |  |
| 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: | |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**  **Contact Details** | | | |
| Name |  | | |
| Daytime telephone no. |  | | |
| Relationship to child |  | | |
| Address |  | | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

Parent/Carers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_