# Parental agreement for school 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 the staff can administer medicine.

|  |  |
| --- | --- |
| **Date for review to be initiated by** |  |
| **Name of child** |  |
| **Date of birth** |  |
| **Class** |  |
| **Medical condition or illness** |  |
| **Medicine** |  |
| **Name/type of medicine*****(as described on the container)*** |  |
| **Expiry date** |  |
| **Dosage and method** |  |
| **Timing** |  |
| **Special precautions/other instructions** |  |
| **Are there any side effects that the school 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** |
| **Name** |  |
| **Daytime telephone no.** |  |
| **Relationship to child** |  |
| **Address** |  |
| **I understand that I must deliver the medicine personally to** | [agreed member of staff] |

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. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**Signature(s**)  **Date**

# Record of medicine administered to an individual child

|  |  |
| --- | --- |
| **Name of school/setting** |  |
| **Name of child** |  |
| **Date medicine provided by parent** |  |
| **Group/class/form** |  |
| **Quantity received** |  |
| **Name and strength of medicine** |  |
| **Expiry date** |  |
| **Quantity returned** |  |
| **Dose and frequency of medicine** |  |

**Staff signature**

**Signature of parent**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |
|  |  |  |  |
| **Date** |  |  |  |  |  |  |  |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |  |
| **Time given** |  |  |  |
| **Dose given** |  |  |  |
| **Name of member of staff** |  |  |  |
| **Staff initials** |  |  |  |