Parental agreement for 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 the staff can administer medicine.

Name of child

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Date for review to be initiated by Date of birth

Class

Medical condition or illness

# Medicine

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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/setting 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**

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| Mrs Lea (or in her absence Mrs Cook) |

Name

Daytime telephone no. Relationship to child Address

I understand that I must deliver the medicine personally to

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