Parental Agreement for School to Administer Medicine

Name of child……

Date of birth……Class……

Medical condition or illness……

Medicine

Name of medicine (as described on container)……

Note: Medicines must be in the original container as dispensed by the pharmacy

Date dispensed…… Expiry date……

Agreed review date to be initiated by (member of staff)……

Storage details……

Dosage and method……

When to be given……

Special precautions……

Are there any side effects?……

Self-administration **Yes/No**

Procedures to take in an emergency……

GP Details:

Name…….. Telephone ……

Please continue overleaf

Parent/Carer/Named Person to contact in case of Emergency:

Name……..

Relationship to child…… Telephone ……

I understand that I must deliver (and collect) 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 staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency or if the medicine is stopped.
- The school will not give my child medicine unless I complete and sign this form.
- I accept that this is a service that the school is not obliged to undertake.

Date……. Signature(s)……

Record of Medicine Administered by School Staff:

Date & Time of Last Dose	Date	Time	Dose Given	Administered by	Witnessed by