

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 the staff can administer medicine.

Name of school/setting

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Name of child

--

Date of birth

/ /

Group/class/form

--

Medical condition or 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

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

[agreed member of staff]

I 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) _____