

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.

Name of school/setting	Fairstead Primary & Nursery School
Name of child	
Date	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
When to be given	
Any other instructions	
Are there any side effects that the school/setting needs to know about?	
Number of tablets/quantity to be given to school	

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

Contact Details

Name	
Daytime telephone no. of parent/carer	
Relationship to child	
Name of GP	
Agreed review date to be initiated by (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)

Print Name Date

Confirmation of Headteacher's agreement to administer medicine

Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

Headteacher's signature _____ Date _____

Record of medicine administered to an individual child

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			
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