



**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 has a policy that the staff can only administer medicine that has been prescribed by a doctor.

Name of child	
Date of birth	
Class	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Duration	
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**

Name	
Relationship to child	
Daytime telephone no.	
Address	

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 \_\_\_\_\_

*A copy of this form should be kept in the pupil file along with a record of medicine administered in school signed by Parent/Carer.*

