



Parental Agreement for School to Administer Medicine

The school 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	

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

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	
Emergency Salbutamol Inhaler. Only to be used on children diagnosed with asthma by GP.	In the event of my child, displaying asthma symptoms and their own inhaler is not available or unusable. I consent for my child to receive Salbutamol from an emergency inhaler held by the school. Signature:

Contact Details

Name	
Daytime Telephone No.	
Relationship to child	

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 of the medication or if the medicine is stopped.

Signature:

Date: