

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 or setting has a policy that staff can administer medicine.

Name of School/Setting

Name of Child:

Date of Birth:

Group/Class/Form:

Medical condition/illness:

Medicine Name/Type of Medicine/ Strength (as described on the container):

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

Date dispensed:

Name and phone no. of GP:

Expiry date:

Dosage and method:

Timing:

Start Date for school to administer Medicine:

End Date for school to administer Medicine:

Special Precautions:

Possible side effects:

Any other instructions:

Are there any side effects that the school/setting needs to know about?

Self-administration: Yes/No (delete as appropriate)

Agreed review date if applicable to be initiated by the following staff member:

Tiptree St Luke's C. of E. Primary School

Procedures to take in an Emergency:

Daytime phone no. of parent contact:

Relationship to Child:

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school/setting is not obliged to undertake.

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 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.

Parent's signature:

Print Name:

If more than one medicine is to be given a separate form should be completed for each one.

Date:

SCHOOL USE ONLY:

Confirmation of the Head's agreement to administer medicine

Dear _____,

It is agreed that _____ [name of child] will receive

_____ [quantity and name of medicine]

every day at _____ [time medicine to be administered e.g. Lunchtime or afternoon break].

_____ [name of child] will be

given/supervised whilst he/she takes their medication by _____

_____ [name of member of staff].

This arrangement will continue until _____ [either end date of course of medicine or until instructed by parents].

Date:

Signed:

Head teacher