

Parental agreement for 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	St Peter's C of E Primary School
Name of child	
Date of Birth	
Class/Group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Yes/No	
Procedures to take in an emergency	

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

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 the 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

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
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