

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. Please note **ONE** form needs to be completed for **EACH** medication that you wish us to administer.
Where self-administration is quoted this means that a member of school staff will be in attendance to ensure that dosage/time of administration is adhered to and to ensure that the medication is taken.

Name of child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of medicine (as described on the container)	
Date dispensed:	
Expiry date:	
Dosage and method:	
Quantity provided to school:	
Timings:	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
YES/NO	
If YES please give details:	

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Signature(s) _____ Relationship to child: _____

Date: _____