

Parental Agreement for School to Administer Medicine

<p>The school will not give your child medicine unless you complete and sign this form. Medicines must be in the original packaging, dated and labelled (as dispensed by the pharmacy) with your child's name, the name and strength of the medication, instructions for use, the quantity to be taken and the timing of dosages.</p>			
Name of child:		DOB:	
Year group:	Nursery / Reception / Year 1 / Year 2 / Year 3 / Year 4 / Year 5 / Year 6 / Year 7 / Year 8 / Year 9 / Year 10 / Year 11 / Year 12 / Year 13 / Year 14		
Medical condition or illness:			
Medicine			
Name/Type of medicine: (as described on the container)			
Expiry date:			
Dosage and frequency:			
Method of administration:			
Possible side effects:			
Self-administration permitted:	YES / NO		
If yes, supervision required:	YES / NO		
Procedure to take in emergency:			
Any other information:			
Contact details of parent/carer			
Name and relationship to child:			
Address:			
Home Phone:		Mobile:	Work Phone:
Emergency contact name:		Emergency contact phone:	
<p>I understand that I must deliver the medication personally to the school office. The information provided is accurate at the time of writing. I give consent for school staff to administer medication to the child as set out above. I will inform the school immediately, in writing, if the dosage or frequency is changed or if the medicine is stopped.</p>			
Signature of parent/carer:			
Signature of school nurse:			