

## Parental agreement for school/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 staff can administer medicine.

Name of school/setting \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's name \_\_\_\_\_

Group/class/form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How much to give (*i.e. dose to be given*) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity  
to be given to school/setting \_\_\_\_\_

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

Daytime phone no. of parent or  
adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by  
*[name of member of staff]* \_\_\_\_\_

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

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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