



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.

Date for review to be initiated by

Name of school/setting
Name of child
Date of birth
Group/class/form
Medical condition or illness

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date
Dosage and method
Timing
Date to stop the medication
Special precautions/other instructions
Are there any side effects that the school/setting needs to know about?
Self-administration – y/n
Procedures to take in an emergency

Expiry date

Dosage and method

Timing

Date to stop the medication

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the medicine personally to
[agreed member of staff]

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed 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/setting staff administering 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