

Parental Agreement for School to Administer Medicine

In exceptional circumstances, it may be possible for a member of staff to administer medicines. For this to be requested, parents or carers should complete and sign this form and ensure that the 'Individual Health Care Plan' is completed with up to date information.

Date for review to be initiated by	
Name of child	
Date of birth	
Class	
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 – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy with clear dosage instructions. We are unable to split tablets. We will need a medical protocol if the administering of medicine requires any judgement from a member of staff.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to a member of the office 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.

Signature _____

Date _____