



# Parental agreement for setting to administer medicine

Please complete this form in order for the school to be able administer prescription medicines to your child

<b>This form covers the dates:</b>	
<b>From:</b>	<b>To:</b>
<b>Childs details</b>	
<b>Name of child</b>	
<b>Date of birth</b>	
<b>Group/class/form</b>	
<b>Medical condition or illness</b>	
<b>Medicine details</b>	
<b>Name/type of medicine (as described on the container)</b>	
<b>Expiry date</b>	
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions/other instructions</b>	
<b>Are there any side effects that the school needs to know about?</b>	
<b>Self-administration – y/n</b>	
<b>Procedures to take in an emergency</b>	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy, with dosage instructed detailed.</b>	
<b>Contact Details</b>	
<b>Name</b>	
<b>Daytime telephone no.</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>I understand that I must deliver the medicine personally to</b>	Mrs Hawkins – school reception

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.

Parent signature:..... Date:.....

**NB: if any of the above details change during the stated dates at the top of this form, a new form must be completed with the changes detailed.**