

Template B: 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	Ropery Walk Primary School
Name of child	
Date of Birth	
Group/Class/form	
Medication condition or illness	

Medicine

Name/type of medicine (as described on the container)	
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	Yes / No
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime tel 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 _____

Prescribed Medication

Pupil: _____

To be given at _____

<u>Day</u>	<u>Dosage</u>	<u>Time Given</u>	<u>Date</u>	<u>Signed</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

<u>Day</u>	<u>Dosage</u>	<u>Time Given</u>	<u>Date</u>	<u>Signed</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

<u>Day</u>	<u>Dosage</u>	<u>Time Given</u>	<u>Date</u>	<u>Signed</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please return all unused medicines to parent/carers