

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 _____
Name of Child: _____
Date of Birth: _____
Group/Class/Form: _____
Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____
Date dispensed: _____
Expiry date: _____
Agreed review date to be initiated by *[name of member of staff]*: _____
Dosage and method: _____
Timing: _____
Special Precautions: _____
Are there any side effects that the school/setting needs to know about? _____
Self Administration: Yes/No (delete as appropriate)
Procedures to take in an Emergency: _____