**Parental Agreement for School to Administer Medicine**

**The school/setting will not give your child medicine unless you complete and sign this form!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date for review to be initiated by** |  | | | |
| **Name of school/setting** |  | | | |
| **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** |  | | | |
| **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]** | | | |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Record of Medicine Administered to an Individual Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school/setting** |  | | | |
| **Name of child** |  | | | |
| **Date medicine provided by parent** |  |  |  |  |
| **Group/class/form** |  | | | |
| **Quantity received** |  | | | |
| **Name and strength of medicine** |  | | | |
| **Expiry date** |  |  |  |  |
| **Quantity returned** |  | | | |
| **Dose and frequency of medicine** |  | | | |

**Staff signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time given** | **Dose given** | **Name of member of staff** | **Staff initials** | **Witnessed By…** |
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