

AMEE 3

Parental agreement for school 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 Montpelier Primary School

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type/Quantity of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Agreed review date to be initiated by <i>[name of member of staff]</i> :	
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:	

Contact Details

Name:	
Daytime Telephone No:	
Mobile No:	
E-mail (if appropriate as emergency contact):	
Relationship to Child:	
Address:	

I understand that I must deliver the medicine personally to school and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:	
Signature(s):	
Relationship to child:	