

# Parental agreement for setting to administer medicine

The school 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	Linda Tompkins
Name of school/setting	Hormead First & Nursery School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	The school office

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	HORMEAD PRIMARY SCHOOL
Name of Child	
Date medicine provided by parent	/ /
Class	
Quantity received	
Name 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			
Witnessed by (name)			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Witnessed by (name)			