

ADMINISTERING MEDICINE IN SCHOOL

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

Medicine

Name/Type of Medicine (as described on the container)

Expiry date

Dosage to be given

When to be given

Number of tables/quantity to be given

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

Daytime phone no of parent or adult contact

Name and phone no of GP:

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

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

Parent/Carer Signature Date: