



# Parental agreement for school 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.

Name of school	Wateringbury CE Primary School
Name of child	
Date of birth	
Class	
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?	
We encourage self-administration; will your child be able to do this without help?	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy. If the Pharmacy label is NOT on the medicine, or has been tampered with, we cannot accept it.**

### 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 staff administering medicine in accordance with the school policy. I will inform the school 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 child

Date medicine provided by parent

Class


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials
