

Appendix 3 - Parental agreement for a school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Whiston Junior and Infant School medicine administering form

Name of child	
Date information provided by parent	
Year group	
Medical condition or illness	

Medicine

Name/type/strength of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing and duration of course	
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	
Relationship to child	

I understand that I must deliver the medicine personally to

School Office only

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.

Parent Signature(s) as contact details _____

Signature of staff (s) _____ Date _____