

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
(as described on the container)

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

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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 _____