

## Parental Agreement for School 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 the staff can administer medicine.

|                              |                    |
|------------------------------|--------------------|
| Name of school/setting       | Corbets Tey School |
| Name of child                |                    |
| Date of birth                | / /                |
| Group/class/form             |                    |
| Medical condition or illness |                    |

**Medicine Name**

|   |                           |
|---|---------------------------|
| Name/type of medicine<br><i>(as described on the container)</i>         |                           |
| Date dispensed  | / /                       |
| Expiry date   | / /                       |
| Agreed review date to be initiated by                                   | [name of member of staff] |
| Dosage and method   |                           |
| Timing  |                           |
| Special precautions   |                           |
| Are there any side effects that the school/setting needs to know about? |                           |
| Self administration   | Yes/No                    |
| Procedures to take in an emergency                                      |                           |

**Contact Details**

|   |                          |
|---|--------------------------|
| Name  |                          |
| Daytime telephone no.                                       |                          |
| Relationship to child                                       |                          |
| Address   |                          |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

I accept that this is a service that the school/setting is not obliged to undertake.

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

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**Please note that parents should keep their children at home if unwell or infectious.**

Each item of medication must be delivered to the Class Teacher or Authorised Person in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date