# Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Year |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage |  | | | |
| Time to be administered |  | | | |
| 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 |  | | | |
| Daytime telephone no. |  | | | |
| Address |  | | | |

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 have informed my child’s class teacher about the administration of the above.

I understand that I must hand this form and the medicine to the school office.

Signature(s) Date

**This form must be retained in the school office**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
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