



Clive CofE Primary School and Nursery

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			
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