

## Parental agreement for the administration of medicines

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

Date: \_\_\_\_\_ Childs Name \_\_\_\_\_

School: \_\_\_\_\_

Age \_\_\_\_\_ Yr Group & Class \_\_\_\_\_ DOB \_\_\_\_\_

Condition / Illness \_\_\_\_\_

Name and Strength of Medicine \_\_\_\_\_

Where Medicine Kept : \_\_\_\_\_

Side Effects: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much (dose) to give: \_\_\_\_\_ Date of Provision \_\_\_\_\_

When to give it \_\_\_\_\_

Number of tablets given to school \_\_\_\_\_

**Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER**

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Daytime contact number of parent or adult contact

\_\_\_\_\_

Name and contact number of GP

\_\_\_\_\_

Agreed review date \_\_\_\_\_

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the 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/Guardian signature \_\_\_\_\_

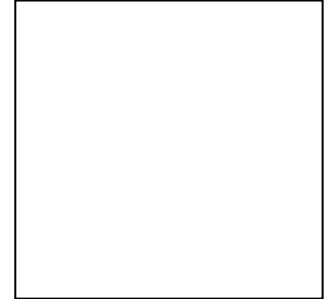
Print name \_\_\_\_\_

Date \_\_\_\_\_

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## Record of medicines administered to an individual child

- To ensure:
- The right medicine  
For
  - The right child  
At
  - The right time  
At
  - The right dose



Name of Child: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of school \_\_\_\_\_

Class \_\_\_\_\_

Name and Strength of medicine \_\_\_\_\_

Date Medicine provided by Parent \_\_\_\_\_ Quantity Received \_\_\_\_\_

Dose and frequency of medicine \_\_\_\_\_

Staff Signatures \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member 1</b>			
<b>Name of Staff Member 2</b>			
<b>Staff Initials</b>			
<b>Staff Initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of Staff Member 1</b>			
<b>Name of Staff Member 2</b>			
<b>Staff Initials</b>			
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<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
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