

## Parental agreement for school/setting 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

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Name of child

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Date of birth

/ /
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Group/class/form

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Medical condition or illness

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### Medicine

Name/type of medicine  
*(as described on the container)*

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Date dispensed

/ /
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Expiry date

/ /
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Agreed review date to be initiated by

[name of member of staff]
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Dosage and method

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Timing

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Special precautions

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Are there any side effects that the school/setting needs to know about?

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Self administration

Yes
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Procedures to take in an emergency

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### Contact Details

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

[agreed member of staff]
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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) \_\_\_\_\_