

Parental agreement for school to administer medicine

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

Name of school:	Abbey Farm Educate Together
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine:

Name/type of medicine: (as described on the container)	
Expiry date:	
Dosage and method:	
Timing (if three times a day this does not need to be administered within school):	
Special precautions/other instructions:	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Yes/No	

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.	
Relationship to child:	
Address:	

- I understand that I must deliver the medicine personally to [agreed member of staff].
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Day / Date:	Time:	Administered by: