Appendix A: Parental Agreement for the School to Administer Medicine Form

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

Administration of medication form

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name and/or type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school 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 – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I will personally deliver the medicine to:	The School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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 _____ Date _____

Parent/Carer agreement for school to administer medicine / Continuation page

Record of medicine administered to a child – **Medicine details as per Page 1 of this document which has been signed and dated by the Parent/Carer**

Child's Name & Class	
Type of Medicine	

Date			
Time given			
Dose Given			
Staff Name			
Staff signature			

Date			
Time given			
Dose Given			
Staff Name			
Staff signature			

Date			
Time given			
Dose Given			
Staff Name			
Staff signature			

A continuation page is available from the office if needed

Parent/Carer agreement for school to administer medicine / Continuation page

Record of medicine administered to a child – **Medicine details as per Page 1 of this document which has been signed and dated by the Parent/Carer**

Child's Name & Class	
Type of Medicine	

Date			
Time given			
Dose Given			
Staff Name			
Staff signature			

Date			
Time given			
Dose Given			
Staff Name			
Staff signature			

Date			
Time given			
Dose Given			
Staff Name			
Staff signature			

A continuation page is available from the office if needed