

# Parental/Carer Agreement to Administer Medicine

Staff will not be able to give your child medicine unless you complete and sign this form. Staff are able to administer medicine as outlined in the 'Supporting Pupils with Medical Conditions' policy.

Name of child	
Date of birth	
Class	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Storage	
Dosage and frequency	
Duration	
Timing	
Special precautions/other instructions	
Are there any side effects that the school 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.	
Relationship to child	

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 \_\_\_\_\_