

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

Summerswood Primary School

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Date dispensed

Expiry date

Agreed review date to be initiated by

Dosage and method

Timing

Special precautions

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

Self-administration

Procedures to be taken in an emergency

Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Class Teacher

I accept that this 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) _____

Record of medicine administered to an individual child (Continued)

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| Date | / | / | / | / | / | / | / |
| Time given | | | | | | | |
| Dose given | | | | | | | |
| Name of member of staff | | | | | | | |
| Staff initials | | | | | | | |

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| Date | / | / | / | / | / | / | / |
| Time given | | | | | | | |
| Dose given | | | | | | | |
| Name of member of staff | | | | | | | |
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