

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	Mordiford CE Primary School
Date	
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parents signature _____

Print Name _____

Date _____

Record of Medicine Administered to an individual child

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

Record of Medicine Administered to an individual child

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

Date			
Time given			
Dose given			
Name of member of staff			
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