**Parental agreement for school 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 staff can administer medicine.

|  |  |
| --- | --- |
| Name of Child |  |
| Date of birth |  |
| Class |  |
| **Medicine** |  |
| Name/type of medicine(*as described on the container*) |  |
| Expiry Date |  |
| How much to give (ie dose to be given) |  |
| When to be given (timings) |  |
| When medication is to stop |  |
| Any other instructions/special precautions |  |
| Are there any side effects that school needs to be aware of?  |  |
| **Note: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name of Parent/Carer |  |
| 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.

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer** (*Print Name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one.**