

ADMINISTRATION OF MEDICINES IN SCHOOL PARENTAL AGREEMENT



Under the Health & Safety at Work Regulations, Headteachers and staff are advised not to administer medicines to children unless a parent has signed a request form and agreed to the conditions under which it is to be administered.

It is not possible for us to give your child medicine unless you complete and sign this form.

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	
Dosage and method	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Does your child take it themselves?	
If they do, is supervision needed?	
Procedures to take in an emergency	
NB: medicines must be in the original container as dispensed by the pharmacy	
Contact details	
Name	
Daytime telephone number	
Relationship to child	
I understand that I must deliver the medicine personally to the office and accept that this is a service which the school is not obliged to undertake.	

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 immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature..... Date.....

Office Use only:

Date	Time	Dose	Sign

Date	Time	Dose	Sign

Comments: