



Parental Agreement For School To Administer Medicine

Astley Park School will not give your child medicine unless you complete and sign this form. We have a school policy that staff can administer medicine.

Date for review to be initiated by
Name of school
Name of child
D.O.B
Class
Medical condition or illness

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Medicine

Name / Type of medicine (as described on the container).
Expiry date
Dosage and method
Timing
Special precautions / other instructions

Are there any side effects that school needs to know about?
Self-administration -yes / no
Procedures to take in an emergency

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N.B: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name
Daytime telephone no.
Relationship to child
Address

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I understand that I/ Passenger Assistant must deliver the medicine personally to a member of the class staff.

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| <i>Signature</i> |
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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_____