

Parental agreement to administer prescribed medicine

Balshaw Lane Community Primary School and its employees will not give your child medicine unless you complete and sign this form.

Name of school: **BALSHAW LANE COMMUNITY PRIMARY SCHOOL**

Name of child: _____

Date of birth: _____

Class: _____

Medical condition/illness: _____

How long will the medicine be taken for: _____

Medicine

Name on the container (who the medicine is prescribed to): _____

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

Date dispensed
(given out by
pharmacy): _____

Expiry date of
medicine(on
bottle/packet): _____

Date for medicine to end: _____

Dosage (ml) and method eg oral,
inhaled: _____

Self-administered: Yes/No

Times to
be taken: _____

Special precautions: _____

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

Procedures to take in an emergency: _____

Contact Details

Name: _____

Daytime telephone no.: _____

Relationship to child: _____

Address: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the medicine 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 at a different time than noted on this form.

I understand that this is not a binding contract and that there may be times when administration times are missed or delayed.

I understand that I must deliver the medicine personally to the headteacher or the school office staff and accept that this is a service that the school is not obliged to undertake.

Signature(s): _____

Date: _____

Relationship to child: _____

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

