# Hanslope Primary School

# Parental Agreement Form for Administration of Medicines

Hanslope School will not give your child medicine unless you complete and sign this form.

All medicines must be in the original container as dispensed.

|  |  |
| --- | --- |
| Child’s Name |  |
| Class |  |
| Date medicine provided by parent/carer |  |
| Name and strength of medicine |  |
| Expiry date |  |
| Dose to be given |  |
| When to be given |  |
| Possible side effects |  |
| Any other instructions |  |
| Daytime phone number of parent |  |
| Name of GP |  |

The above information is to the best of my knowledge accurate at the time of writing and I give consent to the staff to administer this medicine in accordance with the school policy.

|  |  |
| --- | --- |
| Parent’s signature |  |
| Print name |  |
| Date |  |

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

# Signed:.................................... (Headteacher)

|  |
| --- |
| Other information: |

**Record of Medicine Administered**

\****ALL MEDICINES CAN ONLY BE GIVEN IN THE PRESENCE OF A WITNESS***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Staff Administrator of MedicinePrint & signature |  |  |  |  |  |
| Witness to administratorPrint & signature |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Staff Administrator of MedicinePrint & signature |  |  |  |  |  |
| Witness to administratorPrint & signature |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Staff Administrator of MedicinePrint & signature |  |  |  |  |  |
| Witness to administratorPrint & signature |  |  |  |  |  |