# Hanslope Primary School

# Parental Agreement Form for Administration of eye drops for hayfever

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

All eye drops must be labelled with your child’s name and be unopened.

|  |  |
| --- | --- |
| Child’s Name |  |
| Class |  |
| Date eye drops opened by school |  |
| Name of eyedrops |  |
| Expiry date |  |
| Dose to be given |  |
| When to be given |  |

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 |  |  |  |  |  |