# Hanslope Primary School

# Parental Agreement Form for Administration of eye drops/nasal spray for hay fever

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

All eye drops/nasal spray 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 |  |
| Date **nasal spray** opened by school |  |
| Name of nasal spray |  |
| 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 |  |

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

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

**Record of Medicine Administered**

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

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

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