

B: Parental Agreement for setting to administer medicine

Rackham CE Primary School will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

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

Name of School	The Rackham C of E Primary
Name of Child	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on container)</i>	
Expiry date	
Dosage and method	
Timing	
Are there any side effects that the school needs to know about?	
Self-administration?	Yes / No
Permission to use spare inhaler?	Yes / No

Contact Details

Name	
Daytime telephone number	
Relationship to child	
I understand I must deliver the medicine personally to	<i>(agreed member of staff)</i>

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:

Date