Name of Setting: _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

How long will the medicine be taken for:_____

Medicine

Name the medicine is prescribed to on the container: _____

_____

Name /Type of Medicine (as described on the container): _____

_____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by: _____

Dosage and method e.g. Oral, inhaled: _____

Timing: _____

Special Precautions: _____

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

Self Administration YES/NO ***(delete as appropriate)***

Procedures to take in an Emergency: _____

_____

_____

I have read the Asthma and other medicines policy and I agree to fulfil my parental responsibilities
Signature: _____ Date:_____

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 setting staff administering medicine in accordance with the setting policy. I will inform the setting 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 were administration times are missed or delayed.

I understand that I must deliver the medicine personally to the Headteacher and in her absence the deputy Headteacher and accept that this is a service that the setting 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