



Parental agreement for school to administer prescribed medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of Setting: **Trawden Forest School**

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

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: _____
[name of member of staff]:

Dosage and method eg Oral, inhaled: _____

Timing: _____

Special Precautions: _____

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

Self Administration (self administration YES/NO *(delete as appropriate)*
form to be completed if yes):

Procedures to take in an Emergency: _____



I understand that I must deliver the medicine personally to [agreed member of staff] 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

RECORD OF MEDICATION ADMINISTERED

Date	Time	Name of Medication	Dose Given	Signature of Staff	Print Name