

Parental agreement to administer medicine

Child's name

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Year group / class

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Date of Birth

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Medical condition or illness

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Medicine

Name/type of medicine (*as described on the container*)

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Expiry date

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Dosage and method

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Time of administration

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Days on which the medicine is to be administered

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Special precautions / other instructions

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Are there any side effects the school needs to know about?

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Self-administration? (Y/N)

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Procedures to take in an emergency

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

The medicine must be delivered personally to

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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's policy. I will inform the school immediately, in writing.