

Appendix 4: Parental/Carer Agreement for Setting to Administer Medicine Roberttown C.E. (vc) J&I School (updated December 2022)

The school will not give your child medicine unless you complete and sign this form.

Name of child:	Date of birth:
Group/class/form	
Medical condition or illness:	
Name/type of medicine <i>(as on the container)</i>	
Date dispensed:	Expiry date:
Dosage and method:	Timing:
Special precautions	
Are there any side effects/previous allergic reactions that the school/setting needs to know about?	
Self-administration:	
Procedures to take in an emergency	
Name of contact and details	
Daytime telephone no.	Relationship to child:
Address:	

- I understand that I must deliver the medicine personally to the school office.
- I accept that this is a service that the school/setting is not obliged to undertake.

NB: Medicines must be in the original container as dispensed/purchased

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I give permission for my child's photograph to be added to this form.

Signature(s) _____ Date: _____

Agreement of headteacher/Senior First Aider to administer medicine

It is agreed that (name of child)	
will receive (quantity and name of medicine)	
every day at (time medicine to be administered)	

The First Aider on duty will administer the medicine.

This arrangement will continue until..... (either end date of course of medicine or until instructed by parents).

Signed: _____ Date: _____
(Headteacher/First Aiders: Mrs Brunt, Mrs Goodall, Mrs Schofield, Ms Cooper)

Record of Medicine Administered to an Individual Child

Record of medicine administered to an individual child

Date									
Time given									
Dose given									
Name of member of staff									
Staff Signature									

Date									
Time given									
Dose given									
Name of members of staff									
Staff Signature									

Date									
Time given									
Dose given									
Name of members of staff									
Staff Signature									

Date									
Time given									
Dose given									
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Staff Signature									