

MEDICINE IN SCHOOL

Parental agreement for school to administer medicine

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

Name of child:	
Class:	Date of birth:
Medical condition or illness:	
Name/type of medicine (as on the container):	
Date dispensed:	Expiry date:
Dosage and method:	Timing:
Special precautions	
Are there any side effects or other information 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.
 I understand that I must notify the school/setting of any changes in writing.

Date _____ Signature(s) _____

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: _____
 (Headteacher/First Aiders: Mrs Mott, Mrs Goodall, Mrs Thomas)

Date: _____

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									

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