



**Parent Agreement for School/Setting to Administer Medicine**

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

**Name of school/setting:**

**Name of child:**

**Date of birth:**

**Group/Class/Form:**

**Medical condition or illness:**

**Medication**

**Name/type of medicine:**

**(as described on the container)**

**Date dispensed:**

**Expiry date:**

**Agreed review date to be initiated by (name of staff member):**

**Dosage and method:**

**Timing:**

**Special precautions:**

**Are there any side-effects that the school/setting need to know about?:**

**Self-Administration?            Yes/No (delete as appropriate)**

**Procedures to take in an emergency:**

**Contact Details**

**Name:**

**Daytime telephone number:**

**Relationship to child:**

**Address:**

I understand that I must deliver the medicine personally to (agreed member of staff)

.....

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must inform the school/setting of any changes in writing.

**Date:**

**Signature(s).....**