Parental agreement for Scarning Primary school to administer medicine

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

Date for review	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Date medication provided by parent	
Quantity received	
Expiry date	
Dosage and method	
Timing	
Storage (ie fridge)	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The office

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 understand every effort will be made to administer this medication on time and as required, but the school can give no absolute guarantees.

Signature(s) _____ Date _____