



Parent/Carer agreement for administration of medicines.

Please be aware we can only accept medicine into school that has been prescribed via prescription or medicine that is accompanied by a verified doctor's note.

Pupil details			
Name of school			
Name of child			
Date of birth			
Year group			
Medical condition or illness			
Medicine			
Name/type of medicine <i>(as described on the container)</i>			
Expiry date			
Dosage and method			
Please confirm the time the previous dose administered			
Time medicine required in school		If any changes are required to the dosage or time administered, please record these below and include parent signature and date.	
Special precautions/other instructions			
Are there any side effects that the school/setting 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 and include the dispensing label			
Contact Details			
Name			
Daytime telephone no.			
Relationship to child			
Address			

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 policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____