



Template B: parental agreement for school to administer medicine

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



Date for review to be initiated by		
Name of school/setting		
Name of child		
Date of birth		
Group/class/form		
Medical condition or illness		
Medicine		
Name/type of medicine <i>(as described on the container)</i>		
Expiry date		
Dosage and method		
Timing		
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		
Prescription/Non-Prescription <i>(Delete as appropriate)</i>	Prescription	Non-prescription
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	[agreed member of staff]	

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's policy.