



Parental Agreement for the School to Administer Medication

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

Student Details

Name of Student: DoB:

Year Group: Tutor Group:

Medical Condition / Illness:

Medication Details

Name and strength of medicine: (as described on container)

Quantity of medication: (number of tablets / volume of medication given to school)

Expiry Date:

Dosage, method: (how much medication is to be administered and how)

Timing: (please outline when the medication is to be administered)

Special precautions / other instructions / Any side effects that the school needs to know about:

Procedures to take in an emergency:

Parent / Doctor Contact Details

Name of Parent/Carer:

Daytime telephone number:

Name of Doctor and Surgery:

Surgery Address:

Surgery telephone number:

NOTE: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

PARENT / CARER I clearly understand and accept that:

- The above medicine must be delivered to the school in person.
- The responsibility for advising the school of changes in dosage remains mine.
- Only a member of the school staff will be asked to administer medicine.
- Should this request be refused, then the school and parent / carer will consult to find mutually acceptable alternative arrangements.
- The school is under no obligation to administer medicines.
- Medicines will not be administered unless this form is fully completed.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped and I am aware that it is my responsibility to replenish the supply of medication if necessary.

Parent/Carer signature: **Date:**