Parental agreement for school/setting to administer medicine - long term

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

|  |  |
| --- | --- |
| Name of school/setting |  |
| Name of child |  |
| Date of birth |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** | |
| Name/type of medicine  *(as described on the container)* |  |
| Date dispensed |  |
| Expiry date |  |
| Agreed review date to be initiated by | [name of member of staff] |
| Dosage and method |  |
| Timing |  |
| Special precautions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self administration | Yes/*No* |
| Procedures to take in an emergency |  |
| **Contact Details** | |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to | School office |

# I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

# *I understand that a non-medical professional will administer my child’s medication, as defined by the prescribing professional only.*

Parent/carer’s signature

Print name

Date

If more than one medicine is to be given a separate form should be completed for each one.