Parental agreement for school/setting to administer medicine – short 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 Date

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Child’s name

Date of birth

Group/class/form

Name and strength of medicine Expiry date

How much to give *(i.e. dose to be given)*

When to be given Any other instructions

Number of tablets/quantity to be given to school/setting

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

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| School office |

Daytime phone no. of parent/carer or adult contact

Name and phone no. of GP

 I understand that I must deliver the

 medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised 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 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.