



Strike Lane Primary School



Parental Agreement for School to Administer Medicine

The school 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.

Date & Review Date

Name of school

Name of child

Date of Birth

Class

Medical condition or illness

Date	Review Date
Strike Lane Primary School	

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precaution/other instructions

Are there any side effects that the school needs to know about?

Procedures to take in an emergency

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 medicine personally to

Head Teacher, school office, class teacher

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, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



Record of medicine administered to an individual child



Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Staff signature _____

Signature of parent/carer _____