

**Parental agreement for school to administer medicine**

This form must be complete for any medicine you need us to administer to your child during the school day.

This may be something that we keep in school for them all the time (e.g. asthma inhalers, allergy medicines and emergency auto-injector pens etc) or temporary medicine such as antibiotics that you might hand in each day that the medicine is needed.

**The school is not able to give your child medicine unless you complete and sign this form.**

Name of school/setting	Whitchurch Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Timing	
Medicine to be kept as follows (please delete as appropriate)	<ul style="list-style-type: none"><li>- In fridge</li><li>- At room temperature</li></ul>
Remain in school/take home (please delete as appropriate)	<ul style="list-style-type: none"><li>- Keep medicine in school</li><li>- Parent will take home at the end of each day</li></ul>
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
Date that last dose of medicine is to be given at school.	

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

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	Karen Ridley or Fiona Broadbent

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 \_\_\_\_\_

Date \_\_\_\_\_

