

Template B: parental agreement for setting to administer medicine

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.

Date for review to be initiated by
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)
Expiry date
Dosage and method
Timing
Special precautions/other
instructions
Are there any side effects that the
school/setting needs to know about?
Self-administration – y/n
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 the
medicine personally to

[agreed member of staff]