

## Parental agreement for school/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.

Name of school/setting

SHEPHALBURY PARK PRIMARY SCHOOL

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

Dosage and method

Timing

Special precautions

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

Self administration

Yes

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

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.

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_