

# Parental agreement for school staff to administer medicine



Please note: All prescription medicine must be securely stored in Student Services. The school will not be able to hold, or allow students access to, any medicines without prior parental consent.

Please complete and return this form to Student Services who will keep a record of medication taken. Students should not keep any prescription medicine on their person, however school policy allows students to have a maximum of two over-the-counter painkillers with them each school day (e.g. ibuprofen/paracetamol).

Date for review to be initiated by	
Weald campus	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/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 number	
Relationship to child	
Address	
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 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.

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

# Record of medicine administered to 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			

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