Appendix C: Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

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

Medicine

Name and/or type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Yes/No:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I will personally deliver the medicine to:	**Name and position of staff member**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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

Appendix D: Record of Medicine Administered to an Individual Pupil

Name of pupil:	
Group/class/form:	/ /
Date medicine provided by parents:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	/ /
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Parent signature: _____

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:			