

## Parental agreement for a school to administer medicine template

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.



### Uffculme Academy Trust medicine administering form

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	
Please state time and dosage given prior to start of school	
Time of next dose (during school day)	
Special precautions/other instructions including number of days:	
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	Add name of agreed member of staff/class teacher

*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 \_\_\_\_\_



