

# REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

## 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 staff can administer medicine.

Name of School/Setting Broom Barns Community Primary School

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions / Special precautions etc. \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

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.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.