

FORM B –

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

Name of Pupil

Date of birth

Group/class/form/year group

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

Procedures to take in an emergency

(name of member of staff)

Contact Details

Name and relationship

Daytime telephone no. (essential)

Relationship to pupil

Address

I understand that I must deliver the medicine personally to

(agree member of staff)

I accept that this is a service that the school/setting is not obliged to undertake.

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 _____ Date _____