

Parental agreement for setting to administer medicine

NOTES (Taken from Medication Policy and Management Procedure)

- Where possible medication should be given to pupils at home or administered by the parents/carers in school
- ALL medication MUST be clearly labelled (preferably with a pharmacy label) with child's FULL name and dosage and frequency to be taken
- Unused or out of date medicine will be returned to parents/carers for their disposal
- Non-prescription medicines will NOT be administered in school for a period of more than 3 days.
- The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.
- **Medicines must be in the original container as dispensed by the pharmacy**

Date for review to be initiated by

Name of Academy/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the Academy/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy/setting staff administering medicine in accordance with the Academy/setting policy. I will inform the Academy/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) (parent with parental responsibility) _____

Date _____

Record of medicine administered to an individual child

Name of Academy/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials



The Pochin School Barkby

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
