Appendix J: Parent/ Carer Agreement for the Administration of Medicines

Parent/ Carer Agreement for the Administration of Medicines

The school/setting will not administer medicine unless you complete and sign this form.

Name of school/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	
How long is it to be taken for?	
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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine to	

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

Signature(s)_____ Date_____