Appendix C

Parental agreement for setting to administer medicine.

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school/setting	Richard Bonington Primary School
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/method to be administered:	
Time to be administered:	
Special precautions/other instructions	
When was the last dose given?	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	The school office

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 _____