



Fleetville Junior School

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	<input type="text"/>
Date	<input type="text" value="/ /"/>
Child's name	<input type="text"/>
Group/class/form	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="/ /"/>
How much to give (<i>i.e. dose to be given</i>)	<input type="text"/>
When to be given	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantity to be given to school/setting	<input type="text"/>

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

Please note that only medicines prescribed by a doctor may be administered by school staff.

Daytime phone no. of parent or adult contact	<input type="text"/>
Name and phone no. of GP	<input type="text"/>
Agreed review date to be initiated by [<i>name of member of staff</i>]	<input type="text"/>

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.