

Parental agreement to administer medicine

(DofE (2014) Supporting Pupils with Medical Conditions)

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 child	
Date of birth	
Class	
Medical condition / illness	
Name/type of medicine (<i>as described on packaging</i>)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting need to know about?	
Self-administration -Y/N?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
Named member of staff who medicine will be delivered to	

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: _____

Date: _____

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