



## Parental Agreement for School to Administer Medicine

**Important:** 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. This form needs to be completed for asthma inhalers aswell.

**If your child has asthma they need to have their reliever inhaler (blue) in school at all times.**

Child's Name:

Date of birth :

Group/class/form :

Medical condition or illness :

Daily care requirements: (e.g. before sport/lunchtime)

Describe what constitutes an emergency for the child, and action taken if this occurs:

### Medicine

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

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

Date dispensed:

Expiry date:

Agreed review date to be initiated by:

Dosage and method:

When to be given:

Any other instructions:

Timing (between doses):

Special precautions:

Are there any side effects that the school/setting needs to know about?		
Self-administration by child (Please circle the appropriate option)	<b>Yes</b>	<b>No</b>
Procedures to take in an emergency (it is important this section is completed for children with Asthma)		
<b>Contact Details</b>		
Name:	Daytime telephone no:	
Mobile telephone no:	Relationship to child:	
Address:		
Who is the person to be contacted in an emergency (state if different for offsite activities):		
Emergency telephone contact no:		
Name and phone no. Of GP		
I understand that I must deliver the medicine personally to [agreed member of staff]		

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date: .....

Parent/Carer Signature(s):.....