



## St Bertelina's Church of England Aided Primary School

### Parental agreement for school 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 the staff can administer medicine.

Name of school/setting	
Name of child	
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	[name of member of staff]
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes
Procedures to take in an emergency	

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**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

Who is the person to be contacted in an emergency (state if different for offsite activities)

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 \_\_\_\_\_

Signature(s) \_\_\_\_\_