

# Parental Agreement for Setting to Administer Medicine

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

Date for review to be initiated by	
Name of school	Aston Fence J & I School
Name of child	
Date of birth	
Class	
Medical condition or illness	

## Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

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

## Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 \_\_\_\_\_

**See over for - Record of medicine administered to this individual child**

## Record of medicine administered to the child

[illegible]

