Blue Coat C.E Junior School

Administrating Medication is School – Parental Agreement

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	
Group/class/form	
Medical condition or illness	
Date for review to be initiated by	

Medicine

Name/type/strength 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?	
Self-administration – Yes/No	
Procedures to take in an emergency	

- **Medicines must be in the original container as dispensed by the pharmacy.**
- **An adult must deliver medication to the school office and any remaining medicine must be collected from the school office by an adult.**

Contact Details

Name	
Relationship to child	
Daytime telephone no.	

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 _____

Record of Administration of Medication is School

Please check overleaf for dosage, method, timing and any other instructions before administrating the medicine.

Date	Time	Amount/Given	Amount left	Administered by	Comments/Actions