



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form. Please note that only medicine prescribed by your GP can be administered or supervised by staff.

Name of school

BURTON JOYCE PRIMARY SCHOOL

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Doctor's name & Telephone number

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

Batch number

Date dispensed

Expiry date

Date and time of last dose

Dosage and method

Start date of medicine administration

End date of medicine administration

Special precautions

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I give consent for a member of staff to administer the above drug/medicine. I understand that the drug/medicine may be administered by a different member of staff daily and that no staff members are qualified medical practitioners. (It is not the responsibility of the school staff to ensure that the drug/medicine is taken).

I undertake to deliver the correct medication to the school office in a childproof container/bottle, clearly labelled with my child's name, which will then be administered following the above instructions.

I understand that the school staff will take reasonable care in the administration of medicines in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

Date

Signature(s).....