

Appendix 5

Long Term (8 days+) Parental Agreement for School to Administer Medicine



JUNIOR SCHOOL
Together we make a difference

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

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

Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Date dispensed if shown	/ /
Expiry date	/ /
How much to give and how	
When to be given	Start date: Finish Date:
Any special precautions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	
Parent / Carer Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.
- I accept that all medicines, other than emergency medication, need to be collected at the end of each term or they will be disposed of by the school
- NB National Guidance states that medicines containing Aspirin cannot be administered unless prescribed by a doctor

Date _____ Signature _____

If more than one medicine is to be given a separate form should be completed for each one.