

### **Appendix 3 - Short Term Parental Agreement for School to Administer Medicine**



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  |     |
| <b>Medicine</b>   |     |
| Name/type of medicine<br><i>(as described on the container)</i>         |     |
| Date dispensed if shown   | / / |
| Expiry date   | / / |
| How much to give and how  |     |
| When to be given  |     |
| Any special precautions   |     |
| Are there any side effects that the school/setting needs to know about? |     |
| Procedures to take in an emergency                                      |     |
| <b>Parent / Carer Contact Details</b>                                   |     |
| 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