

**Parental agreement for Spring Meadow Infant and Nursery School to
administer prescribed medicine**



The school **will not** give your child medicine unless this form is completed and signed. Parents/carers must provide the medicine in its original container and must have been dispensed by a pharmacist and have the label showing:

- Name of child:
- Name of medicine:
- Method of administration:
- The instruction leaflet with prescribed medicines should show:
- Any side effects
- Expiry date

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Quantity received by school	
Timing	
Special precautions/other instructions e.g. storage	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Quantity returned

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

Contact Details

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

	[agreed member of staff]
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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.

Name _____ Signature(s) _____

Date _____

Receipt of medication confirmed by:

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Date medicine provided by parent

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Quantity received

	Date
--	------

Witness by (in case of controlled drugs)

	Date
--	------

Name and strength of medicine

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Expiry date

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Dose and frequency of medicine

--

Quantity returned to parent

	Date
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Authorisation to administer medication approved by headteacher (or senior teacher)

Name _____ Role _____

Signature _____ Date _____

