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 initiated by	
Name of School/Setting	Spring Meadow Infant and Nursery School
Name of Child	
Date of Birth	
Class	
Medical Conditions or Illness	
Name/Type of Medicine (as described on container)	
Expiry Date	
Dose and Method	
Quantity Received by the School	
Timing	
Special Precautions/Other Instructions e.g. Storage	
Are there any side effects that the school/setting needs to know about?	
Self Administation?	**Yes / No**
Procedures to take in an emergency	
Quantity Returned	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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		
Date medicine provided by parent		
Quantity received		Date
Witness by (in case of controlled drugs)		Date
Name and strength of medicine		
Expiry date		
Dose and frequency of medicine		
Quantity returned to parent		Date

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

Name _____ Role _____

Signature _____ Date _____

Spring Meadow Infant and Nursery School

Record of Medicine Administered

Child's name:

Date 00/00/00	Time	Name of medicine	Dose given	Any reactions	Signature	Print name of staff	Witness Signature(controlled drugs)