



## Parental Agreement for Administering Medicine

**Forsbrook Primary School will not give your child medicine unless you complete and sign this form**

Date	
Name of school/setting	
Name of child	
Date of birth	
Class	
Medical condition or illness	

### Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions What to do if the child refuses or spits out the medication	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

### Parent Contact Details

Name	
Emergency telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to:	<b>School Office Staff/Care Club Staff</b> (delete as appropriate)
I understand that I must collect the medication at the end of the school day. I will collect this from:	<b>School Office Staff/Care Club Staff</b> (delete as appropriate)

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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**DATE/SIGNATURE MEDICATION COMPLETED AND RETURNED TO PARENT**

**(TO BE COMPLETED BY SCHOOL/CARE CLUB STAFF)**

