Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting	Great Missenden C of E Combined School
Date	
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	
How much to give (eg. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent or adult contact	
Name and phone no. of GP	

Agreed review date to be initiated by [name of member of staff]

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to the 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.

Parent's signature _____

Print name _____

Date _____

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

Record of medicine administered to an individual child (continued)				
Date				
Time given				
Name of member of staff				
Staff initials				
Date				
Time given				
Name of member of staff				
Staff initials				
Date				
Time given				
Name of member of staff				
Staff initials				
Date				
Time given				
Name of member of staff				
Staff initials				
Date				
Time given				
Name of member of staff				
Staff initials				