Parental/Guardian Agreement for School/Setting to Administer Non- Prescription Medication

The Head of School may allow the issuing of non-prescription medicine on an individual case basis at their discretion only when it would be detrimental to a child's health or school attendance not to do so. This form must be agreed & signed by the Head of School prior to any medication being given.

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

Name of school	
Name of child	
Date of birth	
Year Group/class	
Medical condition or illness	
Quantity/Date received by parent	
Quantity/Date returned to parent	

Medicine

Name/type of medicine *(as described on the container)*	
Duration of treatment (no longer than 1 week)	
Expiry date	
Dosage, timing and method	
Special precautions/other instructions	
Please detail the requirement for the child to be given this medication within school hours	
Self-administration – y/n	
Procedures to take in an emergency	

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.

Head of School _____   Date_____

Parent Signature (s) _____   Date _____

==Ensure you double check all details to the front of this sheet==

Record of Medicine Administered to an Individual Child

Date	Time given	Dosage given	Name/Date dispensed check:	Administered by (full name):