

Annex B:

Parental Agreement for 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 the staff can administer medicine. Prescription medicine must be in date and provided in the original container and include instructions for administration, dosage and storage.

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

Signature of Parent: _____ **Date:** _____

Annex C:

Record of Medicine Administered to a Child

Name of school/setting:		
Name of child:		
Date of birth:		
Group/class/form:		
Date medicine provided by parent:		
Name and strength of medicine:		
Quantity received:		
Dose and frequency of medicine:		
Expiry date:		
Date returned to parent:		
Quantity returned:		

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			



Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			