

Parental agreement for education setting to administer medicine

[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

Medicine

Name/type of medicine

(as described on the container)

Date dispensed

Expiry date

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

Dosage and method

Timing

Special precautions

Are there any side effects that the setting needs to know about?

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date

Signature(s)