

Appendix 2 - Parental agreement for school to administer medicine

Parental agreement for Ellwood Primary School to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that staff can administer medicine.

Date	
Child's name:	
Class:	
Name and strength of medicine:	
Expiry date:	
How much to give (i.e. dose to be given)	
When to be given:	
Any other instructions:	
Note: Medicines must be in the original container as dispensed by the pharmacy	
Name and relationship to child:	
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)	
<p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p> <p>In a medical emergency, I as parent/carer are not available to give consent to a doctor or medical practitioner to deliver medical procedures or medical care. I give school staff permission to make decisions on my behalf, until I am able to be contacted.</p> <p>Parent's signature:_____ Print Name:_____</p> <p>If more than one medicine is to be given a separate form should be complete for each one</p>	

Confirmation of the Head's agreement to administer medicine

It is agreed that _____[name of child] will receive _____
[quantity and name of medicine] every day at _____ [time medicine to be
administered e.g. Lunchtime or afternoon break].

_____ [name of child] will be given/supervised whilst he/she takes
their medication by _____[name of member of staff].

This arrangement will continue until _____ [either end date of course
of medicine, until instructed by parents or after a review].

Date: _____

Signed: _____

[The Head Teacher]