

## Template B: parental agreement for setting to administer medicine

The Academy/setting will not give your child medicine unless you complete and sign this form

Date for review to be initiated by

|                                    |
|------------------------------------|
| Date for review to be initiated by |
| Name of Academy/setting            |
| Name of child                      |
| Date of birth                      |
| Group/class/form                   |
| Medical condition or illness       |

### Medicine

Name/type of medicine

*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

|  |
|--|
| 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 academy/setting needs to know about? |
| 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

|      |
|------|
| Name |
|------|

Daytime telephone no.

|                       |
|-----------------------|
| Daytime telephone no. |
|-----------------------|

Relationship to child

|                       |
|-----------------------|
| Relationship to child |
|-----------------------|

Address

|         |
|---------|
| Address |
|---------|

I understand that I must deliver the medicine personally to

|   |
|---|
| I understand that I must deliver the medicine personally to |
|---|

I understand that I must deliver the Medicine to the academy office

|                                |
|--------------------------------|
| Medicine to the academy office |
|--------------------------------|

|                          |
|--------------------------|
| [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 Academy staff administering medicine in accordance with the Academy policy. I will inform the Academy immediately, in writing, if there is any change in dosage or frequency of administration or if the need for medicine is stopped.

Date \_\_\_\_\_

Review date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Head Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

This will be reviewed at least annually or earlier if the child's needs change