

## 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

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


**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

I understand that I must deliver the  
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