



<p>Class Teacher/TA informed</p> <p>Sign</p>
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Administering of Medicine Form

Parental Agreement for Administering Medicine to pupils

The school will not give your child medicine unless you complete and sign this form. Only prescribed medicines which require **more than two doses per day**.

Name of School/Setting	Threemilestone School
Name of Child:	
Date of Birth:	
Group/Class/Form:	
Medical condition/illness:	

Medicine

Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special Precautions: Are there any side effects that the school needs to know about?	
Self Administration:	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 the school office and accept that this is a service that the school is not obliged to undertake. I understand the staff who are administering the medicine are volunteers and will follow as outline above

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

Signature(s): Date:

Relationship to child:

Head's Agreement to Administer Medicine

It is agreed that _____ *[name of child]* will receive the medicine as explained overleaf every day at the time outlined overleaf.

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

This arrangement will continue until *the end date of course of medicine / until instructed by parents.*

Signed:Date:

Record of Administration

Name of Person Administering Drug	Date	Time	Signature

The above medicine log will be filled in by the member of staff immediately **before** the administration of the medicine, to ensure that there is no duplication of dose.

WE DO NOT TAKE RESPONSIBILITY FOR ANY MISSED MEDICATION OR REACTION TO THE CORRECT DOSAGE

This does not apply to children who have inhaler therapies for asthma. Please obtain a separate asthma form from the school office.