**Springfield Junior School - Parental agreement for school to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| 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 school needs to know about? |  | | | |
| Self-administration – y/n |  | | | |
|  |  | | | |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**  **Contact Details** | | | | |
| Name |  | | | |
| Daytime telephone no. |  | | | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date