

# Parental agreement for school to administer medicine

## Appendix A from Wessex mat administering medicines policy

The school will not give your child medicine unless you complete and sign this form

Date	
Name of school	Puddletown first school
Name of child	
Date of birth	
class	
Medical condition or illness	

### Medicine

Name/type of medicine (as described on the container)		
Expiry date		
Dosage and method		
timing of dose	Last dose given	Timing of dose in school
Special precautions/other instructions		
Are there any side effects that the school/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	Mrs Cheatle, Mr Humphrys, Mrs Seal

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.

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

Date \_\_\_\_\_