**Parental agreement for school/setting 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 staff can administer medicine

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| Name of School: | Woodvale Primary Academy |
| Name of Child: |  |
| Date of Birth: |  |
| Group/Class: |  |
| Medical Condition/illness |  |

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| **Medicine** |
| Name/Type of Medicine (as described on the container): |  |
| Date dispensed: |  |
| Expiry date: |  |
| Agreed review date to be initiated by *[name of member of staff]:* |  |
| Dosage and method: |  |
| Timing:  |  |
| Special Precautions: |  |
| Are there any side effects that the School needs to know about?: |  |
| Self-Administration: | Yes/No (delete as appropriate) |
| Procedures to take in an Emergency: |  |

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| **Contact Details** |  |
| Name: |  |
| Daytime Telephone No: |  |
| Relationship to child: |  |
| Address: |  |

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| 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 that I must notify the school of any changes in writing. |
| **Date:** |  |
| **Signatures:** |  |
|  |
| **Relationship to child:** |  |