



Parental Agreement for setting to Administer Medicine

Date last reviewed: Autumn 2022
Frequency of review: Annually
Date next review due: Autumn 2023
Version: 1.0

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

Medicine Start Date	
Medicine Finish Date	
Name of school/setting	Doddinghurst Infant School
Name of child & Class	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	
Procedures to take in an emergency (N/A if not applicable)	

NB: Medicines must be in the original container as dispensed by the pharmacy. It is the responsibility of the parent to monitor expiry dates of medicines kept at school.



Contact Details

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

Mrs Walker

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