

Parental agreement for schools to administer non-prescription medicines.

To be completed daily

This form must be completed by the child's parent / carer before the request can be considered.

Name of School / Setting:	
Date:	

Child's Details	
Name:	
Class:	
Date of Birth:	
Address:	
Parent / Carer Name:	
Parent / Carer contact Number:	
GP's name and contact number:	

This information will be held securely and confidentially .

Details of Medication	
Medical Condition / illness:	
Medication name and strength:	
Medication formula (eg tablets) and amount given to the school (eg number of tablets supplied)	
Medications must be provided in the original containers	
How much to give? (ie dose)	
When to be given?	
Expiry Date:	
Details for storage:	
Administering Instructions:	
Any known side effects:	
Time of last administration:	

I, (printed name of parent/carer)_____

- request and give my consent to school administering this medication;
- confirm that the information and instruction given is accurate and up- to- date;
- will inform school/setting in writing of any changes to this information and instructions;
- understand that the medication may be given by non-medically qualified staff;
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence;
- will abide by the school's policy and procedure for the delivery and return of medication.

Signature (s)_____Dated_____