Parental agreement for school to administer medicine

Darley Churchtown Primary will not give your child medicine unless you complete and sign this form.

Date	
Review Date	
Name of school	
Name of child / Class	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Duration – dates from and to	
Timings	
Are there any side effects that the school needs to know about?	
Self-administration (please delete)	Yes / No
Special precautions/other instructions /procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy, including a measuring spoon/syringe/vessel (oral mixtures) and be clearly marked with your child's name. *Darley Churchtown will only give non-prescription medicines to pupils for max. 3 continuous days – Except for pain relief of sprains and broken/fractured limbs.*

Contact Details

Name	

Daytime telephone no.	
Relationship to child	
I understand that I must deliver/collect the medicine in person to/from the	School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Darley Churchtown staff administering medicine in accordance with the school policy. I am aware that this is a service that the school is not obliged to undertake and staff volunteer to do this.

I will inform Darley Churchtown immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Record of medicine administered **(Internal use only)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			