



Francis Askew Primary Parental Agreement to Administer Medicine

The 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.

Date	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Strength of medicine	
Date of opening medicine	
Expiry date	
Dosage and method	
Quantity received	
Quantity returned	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Cautionary/advisory note	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Complete details overleaf

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	<i>(agreed member of staff)</i>

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.

I understand that I must deliver this medication personally to a designated member of staff and accept that this is a service that the school is not obliged to undertake.

I understand that the LEA, Governing Body and staff of Francis Askew Primary School cannot accept any responsibility for adverse reaction that the child may suffer as a consequence of being administered the prescribed medication at my request.

Parent's Signature _____

Date _____
(date medicine provided by parent)

FOR OFFICE USE ONLY

Pupil record sheet printed and attached to form.

Dispensary Label Checklist

- Pupil's name
- Name of medication
- Form
- Quantity
- Strength
- Dose and Directions
- Name and telephone number of Pharmacy
- Date the medication was dispensed to the pupil
- Cautionary/advisory note

Staff Signatures _____

Date _____