

Elvington CE Primary School

Parent/Guardian 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 the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	/ /
Learning group	
Medical condition or illness	
Name/type of medicine (as described on the container)	
Quantity received (eg half bottle)	
Dosage and method:	
Duration of treatment /Timings	
Special precautions / Storage details:	
Date dispensed:	Expiry date:
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency:	
Self administration:	
Planned review date:	

Person to initiate review:
Contact Details:
Name:
Daytime telephone no.
Relationship to child:
Address:
<u>I will deliver the medicines personally to the School Office</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy

Parent/Guardian's signature _____

Print name _____ Date _____

Surplus/unused medicines:

The following quantity _____ of the above medicine was collected by:

Name: _____

Signed: _____

Date: _____

The above medicine was not collected. It was taken to _____

Chemist for safe disposal. Date: _____ Initial: _____