

Appendix 1

**Parental request and 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 staff can administer medicine.

Name of school/setting

Date

Child's name

Group/class/form

Medical condition

Name and strength of medicine

Expiry date

How much to give (ie dose to be given)

When to be given

Any other instructions

Number of tablets/quantity to be given to school/setting

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

Name of parent/adult contact

Telephone number

Name and telephone no. of GP

This agreement will continue until end date of medicine or written instruction from parents.

Agreed review date to be initiated by (*name of member of staff*)

I understand that I must deliver the medicine to (*name of member of staff*)

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

Parent's signature

Print name

Date

If more than one medicine is to be given a separate form should be completed for each one.

Countersigned \_\_\_\_\_ Date \_\_\_\_\_

Headteacher/Head of Setting/Named member of staff

Copy for parent and headteacher