

Parental agreement for Hunter's Bar Junior school to administer medicine

Name of school	Hunter's Bar Junior school
Name of child	
Date of Birth	/ /
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agreed review date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school need to know about?	
Procedures to take in an emergency	
Name and telephone number of the child's GP	

Parent/Carer contact details

Name	
Day telephone Number	
Relationship to child	
Address	
I understand that I must deliver and collect the medicine to/from the school office. Children cannot drop off or collect medication	

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to Hunter's Bar Junior school and other authorised members of staff administering medicine in accordance with Hunter's Bar Junior school policy. I will inform the school immediately of any changes (such as dose or frequency, or stopping the medication) in writing. I understand that a non-medical professional will oversee my child's medication. I understand that it is my responsibility to dispose of any unused medicines and ensure medicines provided are within date.

This arrangement will continue until _____

First aider who checked the medication _____

Parent signature _____ Date _____

Head teacher signature _____ Date _____

Record of the medication Administered

Date			
Time given			
Dose given			
Signature of member staff administering			
Witness			

Date			
Time given			
Dose given			
Signature of member staff administering			
Witness			

Date			
Time given			
Dose given			
Signature of member staff administering			
Witness			

