



**Parental 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 child .....

Date of Birth .....Class .....

**Medicine**

Medical condition / illness

.....  
.....

**Name / Type of Medicine**

.....

Date dispensed ..... Expiry date .....

**Dosage and method**

.....

Time ..... Special Precautions .....

Are there any side effects that the school needs to know about?

.....

Self Administration Yes / No (delete as appropriate)

**I understand that I must deliver the medicine personal to a member of staff.  
I accept that this is a service that the school is not obliged to undertake.  
I understand that I must notify the school of any changes in writing.**

Signature ..... Date .....