

## Parental agreement for 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.

**NB: Medicines must be in the original container as dispensed by the pharmacy otherwise cannot be administered.**

Name of school/setting	The Roundhill Academy
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing(s)	
With effect from and to	
Special precautions/other instructions	

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

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Self-administration – y/n

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Procedures to take in an emergency

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**Contact Details**

Name

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Daytime telephone no.

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Relationship to child

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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 the medication to Reception.

Name of parent/ carer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_