

## **FORM B: Parental agreement for school or setting to administer medicine**

**The school will not give your child medicine unless this form is completed and the school has a policy for staff to administer medicine.**

Name of school: ..... Date: .....

Child's name: ..... Class/form: .....

Medical condition or illness: .....

Name and strength of medicine: .....

Expiry date: .....

When to be given: .....

Dosage and method of administration: .....

.....

Any side effects school needs to know about? .....

Procedure to take in an emergency: .....

Number of tablets/quantity to be given to school: .....

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

Daytime phone number of parent or adult contact: .....

Name and phone number of GP: .....

Agreed review date to be initiated by (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 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 medicine or if the medicine is stopped.**

Parent's signature .....

Print name: ..... Date: .....