



**WOODHOUSE COMMUNITY PRIMARY SCHOOL**

**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.

|                                    |  |
|------------------------------------|--|
| Date for review to be initiated by |  |
| Name of school/setting             |  |
| Name of child                      |  |
| Date of birth                      |  |
| Class                              |  |
| Medical condition or illness       |  |

**Medicine**

|  |  |
|--|--|
| Name/type of medicine as described on the container          |  |
| Expiry date  |  |
| Dosage and method  |  |
| Timing   |  |
| Has First ever dose of Medication been administered at home? |  |
| Special precautions/other instructions                       |  |
| Are there any side effects the school need to know about?    |  |
| Self-administration-yes/no                                   |  |
| Procedures to be taken in an emergency                       |  |

**N.B: Medicines must be in the original container as dispensed by the pharmacy**

**Contact details**

|                       |  |
|-----------------------|--|
| Name                  |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address               |  |

|   |                                 |
|---|---------------------------------|
| I understand that I must deliver the medicine personally to | Nicola Sugden<br>Victoria Curry |
|---|---------------------------------|

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school/setting to 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 medication, or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_