

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of Academy/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

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Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

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| [agreed member of staff] |
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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 St Giles CE Primary School staff administering medicine in accordance with the school policy. I will inform the Academy/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Time given

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Dose given

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

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