Brill Church of England School

Parental agreement for school to administer medicine

(Template B)

The school will not give your child medicine unless you complete and sign this form.

Child's Name		**DOB** __ / __ / __		**Yr Group**	
Medical Condition / Illness					
Name / Strength / Type of Medicine					
Prescribed	Prescription ☐	Non-prescription ☐ (only allowed with accompanying doctors letter)			
Expiry Date	___ / ___ / ___ *	* It is the Parent's responsibility to make a note of the medicines expiry date and provide the school with a replacement before the expiry date is reached			
Dosage and Method					
Date Medicine Required	From …….…….. To …….				
Timings for Dose		**Date & Time of last dose**			
The school will only administer a medicine that has been previously given by a parent and no side effects have been experienced by the child. Tick here to confirm that your child has been given this medicine before and has experienced no side effects previously. ☐					
Self-Administration	Yes ☐ No ☐ (If Yes agreement must be obtained from the Headteacher)				
Procedures to take in an emergency					
Special Precautions / other instructions					

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

Parent / Guardian Contact Details	**Name:** **Daytime Telephone No:** **Relationship to Child:**
GP Information	**Name of Surgery:** **Telephone No:**

Please tick below:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school 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 confirm that I have taken a note of the medicine's expiry date and will provide Brill School with replacement medicine should the expiry date be reached. ☐

Parent's/Carer's signature _____ Date _____

Print name _____ Date _____

(If more than one medicine is to be given, a separate form should be completed for each medicine)

Agreed by (staff): Signature _____

Print name _____ Date _____