

**Parental/Carer agreement for school to administer medicine**

The school will not be able to give your child medicine unless you complete and sign this form. The school has a policy that named members of staff can administer medicine, once appropriately trained.

Please note, for children with an Epi-pen- see guidance on the safe storage of medicines- outlined in the anaphylaxis policy.

Parent/Carers name:

Date:

Class:

Child's Name:

Condition requiring your child to be treated:

<b>Drug Name and strength</b>	<b>Dose:</b> <u>Please discuss with pharmacy &amp; GP for medicine to be given outside school hours</u>	<b>Expiry date</b> <u>Please note it is the responsibility of parents to check and keep up-to-date with meds</u>	<b>Quantity supplied</b>

*See care plan if appropriate for details of signs, symptoms and instructions for administration.*  
**If your child does not have a condition which requires a care plan, or this is consent for a short term course of medicine, please outline instructions/information below:**

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

Daytime phone no. of parent/Carer contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

This consent form is to be reviewed annually, unless the condition or medication changes. \_\_\_\_\_

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to trained school staff to administer 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.**

Parent/Carer

Print Name:

Date:

Signature: \_\_\_\_\_

**If your child has more than one condition, a separate form should be completed for each condition. This allows linked medication to be clearly outlined.**