

**PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE**

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

Name of School/Setting \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give (dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given to school/setting \_\_\_\_\_

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

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. 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/setting 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 the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## Confirmation of Headteacher's agreement to administer medicine

It is agreed that \_\_\_\_\_ *[name of child]* will receive  
\_\_\_\_\_ *[quantity and name of medicine]* every day at  
\_\_\_\_\_ *[time medicine to be administered e.g. Lunchtime or  
afternoon break]*.

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she  
takes their medication by \_\_\_\_\_ *[name of member of staff]*.

This arrangement will continue until \_\_\_\_\_ *[either end date  
of course of medicine or until instructed by parents]*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher/Head of Setting/Named Member of Staff]*