



## Parental Agreement for Padnell Infant School to Administer Medicine

Dear Parent/Carer,

We require your written permission to administer any medicines in school. Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings. If your child refuses to take the medicine, we will make every effort to inform you on the same day.

Please hand the medicine over to a member of the Admin team personally.

For any medicines required on a long-term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

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

Date for review to be initiated by

--

Name of school/setting

Padnell Infant School

Name of child

--

Date of birth

--

Class

--

Medical condition or illness

--

### Medicine

Name/type of medicine  
*(as described on the container)*

--

Strength of Medicine

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

How should medicine be stored

--

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

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Self-administration – y/n

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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

--

Address

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I understand that I must deliver the medicine personally to:

School Admin Officer

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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 school staff 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.

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

Date \_\_\_\_\_

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