**Form A – Agreement to Administer Medicine**

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

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

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Date for review to be initiated by

Name of school/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

School/setting needs to know about?

Self administration – y/n

Procedures to take in an emergency

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**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the

Medicine personally to

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 of if the medicine is stopped.

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

Authorised by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Headteacher