## Parental Agreement for Harrison Primary School 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

Date of Birth  Class  Medical condition or illness  MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY  Medicine  Form of medicine (i.e. tablet/liquid/cream etc.)  Expiry date  Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  Procedures to take in an emergency  Name	Name of Child			
Medical condition or illness  MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY  Medicine  Form of medicine (i.e. tablet/liquid/cream etc.)  Expiry date  Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  YES  NO  Procedures to take in an emergency	Date of Birth			
MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY  Medicine  Form of medicine (i.e. tablet/liquid/cream etc.)  Expiry date  Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  YES  NO  Procedures to take in an emergency	Class			
Medicine  Form of medicine (i.e. tablet/liquid/cream etc.)  Expiry date  Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  YES  NO  Procedures to take in an emergency	Medical condition or illness			
Form of medicine (i.e. tablet/liquid/cream etc.)  Expiry date  Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  YES  NO  Procedures to take in an emergency	MEDICINES MUST BE IN TH	E ORIGINAL CONTAI	NER AS DISPENSED E	BY THE PHARMACY
tablet/liquid/cream etc.)  Expiry date  Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  YES  NO  Procedures to take in an emergency	Medicine			
Dosage and method  Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  YES  NO  Procedures to take in an emergency	•			
Timing  Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration  Procedures to take in an emergency  YES  NO	Expiry date			
Special precautions/other instructions  Are there any side effects that the school needs to know about?  Self-administration YES NO  Procedures to take in an emergency	Dosage and method			
Are there any side effects that the school needs to know about?  Self-administration  Procedures to take in an emergency  NO	Timing			
the school needs to know about?  Self-administration YES NO  Procedures to take in an emergency				
Procedures to take in an emergency	the school needs to know			
emergency	Self-administration	YES		NO
Name				
	Name			
Daytime telephone number	Daytime telephone number			
Relationship to pupil	Relationship to pupil			
Address	Address			
I understand that I must	I understand that I must			
deliver the medicine				
personally to the school office				
where receipt of the medicine will be recorded  Parent/Carer Signature  Date form completed		Parent/Carer Signature	Date form con	mpleted

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
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Name of member of staff		
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