

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

Name of Child			
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	YES	NO	
Procedures to take in an emergency			
Name			
Daytime telephone number			
Relationship to pupil			
Address			
I understand that I must deliver the medicine personally to the school office where receipt of the medicine will be recorded	<div style="display: flex; justify-content: space-between;"> <i>Parent/Carer Signature</i> <i>Date form completed</i> </div>		

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
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