

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

The school will not give your child medicine unless you complete and sign this form.

Under no circumstances will medicine be accepted if any of these conditions are not met.

Name of school	Templenewsam Halton Primary School
Date	
Child's name	
Class	

**Medication details**

Name and Strength of Medicine:	
Medicine in original container:	No/ Yes
Prescribed by Doctor/Dentist:	Yes / No
Date of Medication:	
Dose to be given: Side Effects:	
When to be given: Any further instruction:	

**Parent Contact details**

Name	
Phone Number	

**GP information**

Name:	
Doctor:	
Phone Number:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the 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 medication is stopped.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## RECORD OF MEDICINES ADMINISTERED TO AN INDIVIDUAL CHILD

To be completed by staff and the child's parent/guardian to enable administration and collection of medication on a daily basis. If more than one medicine is to be given, a separate form should be completed for each item.

Name of child Check medication					
Name of medication Check medication					
Date of dispensary			Length of course		
	Monday	Tuesday	Wednesday	Thursday	Friday
Dosage/Amount to be given:					
Enough time allowed between dosages: <i>(Agreed with Parent/Guardian)</i>					
Parents' Signature:					
Time needed to be given to child:					
Member of staff administering medicine to child:					
Time given to child by staff member:					
Dosage/amount given to child:					
Returned to parent by member of staff: <i>Staff to sign</i>					
Medicine returned and checked and by parent: <i>Parent to sign</i>					