

## Parental agreement for setting 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 for review to be initiated by	
Name of school	Meldreth Preschool
Name of child	
Date of birth	
Medical condition or illness	

Medicine	
Name/type of medicine <i>(as described on the container)</i>	
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	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details	

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the school office	
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 or if the medicine is stopped.	
Signature(s) _____	Date _____