Appendix 4 – Parental agreement to administer medicine template

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

Date for review to be initiated:

Name of Child			
Date of Birth		**Tutor Group**	
Medical Condition or Illness			

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?	

Parental Permission		**Office Use Only**			
Pupil to Self-administer	**Yes / No *** Delete as appropriate	**Pupil to carry own medicine**	**Yes / No *** Delete as appropriate	**Approved by School:** **Initials:**	**Yes / No *** Delete as appropriate

Please complete details on other side of the form

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Emergency Contact Information			
Name		**Relationship to Child**	
Phone No. (Work)		**Phone No. (Home)**	
Phone No. (Mobile)			
Name (Alternate)		**Relationship to Child**	
Phone No. (Work)		**Phone No. (Home)**	
Phone No. (Mobile)			

To be completed where the administration of Asthma / Anaphylaxis Medication is requested by this form

Emergency provision of salbutomol inhalers / adrenaline auto injectors (AAI)*

In the event of my child displaying symptoms of asthma / anaphylaxis*, and if their inhaler / AAI is not available or is unusable, I consent for my child to receive treatment from an emergency inhaler / AAI* held by the Academy for such emergencies. (*delete as appropriate)

☐ Tick to consent

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

Name: ______________________________

Signature: ______________________________

Date: ________________________