Cockerham
Parochial Church of England
Primary School

Parental agreement for school to administer medicine & Record of medicine administered to an individual child

Name of child	
Date of birth	
Class/year group	
Medical condition or illness	
Date for review to be initiated by	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received & Expiry date	
Dose, frequency & timing of medicine	
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	
Quantity returned	

N.B. Medicines must be in the original container as dispensed by the pharmacy

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

Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	(member of staff)

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

Signature of parent ……

Staff signature ……

Record of medicine administered to an individual child

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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