



GRIMOLDBY PRIMARY SCHOOL



PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. The school cannot administer the first dose due to possible allergic reactions.

Name of Child	
Date of Birth	
Class	
Medical Condition or Illness	

Medicine

Name/Type of Medicine (as described on the container)	
Expiry Date	
Dosage, Strength and Method	
Time of Last Dose Given (out of school hours)	
Timing	
How many days is the medicine to given for/length of course?	
Does this medicine need to be kept in the fridge?	
Are there any side effects that the school needs to know about?	
Self-administration Yes/No	
Procedure to take in an emergency	
Is this medicine to remain in school?	

NB: Medicines must be in the original container as dispensed by the pharmacy and must have the name of the child clearly labelled on the medication.

Contact Details

Name	
Daytime telephone number	
Relationship to child	

I understand that I must deliver and pick up the medicine from 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 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	
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School Use Only: Record of Medicine Administered to an Individual Child

Date	
Received by (member of staff signature)	
Time Given	
Dose Given	
Signature of staff administering medication	
Signature of staff witness	
Signature of parent/carer collecting medication	
Date	
Received by (member of staff signature)	
Time Given	
Dose Given	
Signature of staff administering medication	
Signature of staff witness	
Signature of parent/carer collecting medication	
Date	
Received by (member of staff signature)	
Time Given	
Dose Given	
Signature of staff administering medication	
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