



## North Curry C of E Primary School Parental Agreement for the School to Administer Medicine

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

### Administration of medication form

Date for review to be initiated by:

--

Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

--

### Medicine

Name/type of medicine

*(as described on the container):*

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions/other instructions:

--

Any side effects that the school 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 number:

--

Relationship to child:

--

Address:

--

I understand that I must deliver the medicine personally to:

--

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(s) \_\_\_\_\_

Date \_\_\_\_\_



## North Curry C of E Primary School Record of Medicine Administered to an Individual Child

**Parent/Carer:** Please complete sections in **RED**

Name of child:

Date medicine provided by parent:

Group/class/form:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:


Staff signature: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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:


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:


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:


Date:  
Time given:  
Dose given:  
Name of member of staff:  
Staff initials:
