

Agreement 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.

Note: Medicines must be in the original container as dispensed by the Pharmacy

Date medication received
Name of school/setting
Name of child
Date of birth
Class
Medical condition or illness

Wallsend Jubilee Primary School

Medicine

Name/type of medicine
(as described on the container)
Expiry date
Dosage and method
Timing
Time of last dose
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

Contact Details

Name
Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the medicine personally to

Mrs Hayes/Mrs Willis (main school) Miss Storey (Reception) Miss Hope (Nursery)

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 _____

