

Parental agreement for School/Nursery to administer medicine

Horndale County Infant and Nursery School will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine.

Date for review to be initiated by

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Name of school/setting

Horndale County Infant and Nursery School

Name of child

--

Date of birth

--

Class / Year 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?

--

Self-administration – y/n

No

Procedures to take in an emergency

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

Contact Details

Name

--

Daytime telephone no.

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Relationship to child

--

Address

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I understand that I must deliver the medicine personally to

Margaret Oughton Secretary or Craig Brown Head Teacher

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