

Parental Consent for Schools/Setting to Administer Medicine

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

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

Name of School/Setting

Date

Childs name

Date of birth

Class Name

Medical condition or illness

Medicine

Name/type of medicine/strength
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by
(name of member of staff)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Self administration

Contact Details

Name

Daytime telephone number

Relationship to child

Address

