

Parent request form and agreement for school to administer medicine

The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of School | |
| 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 | |
| Are there any side effects that the school needs to know about? | |
| Self-administration Yes/No | |
| Procedures to take in an emergency | |

Note: 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 | (Agreed member of staff) |

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 RISE 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:** _____