Parental agreement to administer medicine

the school or setting has a policy that the staff can administer medicine.	
Date	
Name of school/setting	Walter Infant 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	
Duration of medicine (dates)	From: To:
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	
NB: Medicines must be in the original container as dispensed by the pharmacy Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	A member of the School Office 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 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	

Walter Infant School will not give your child medicine unless you complete and sign this form, and