

Parental Agreement for The School to Administer Medication

The school will not administer medication to your child unless this form is fully completed and signed by a parent or carer.

Before completing this form, please ensure you have read and understood the relevant guidance, including the school's Supporting Pupils with Medical Conditions policy and the Medication in School procedures. These documents are available on the school website, or printed copies can be provided upon request.

Please complete a separate form for each medication.

Name of pupil

Date of birth

Medical condition or illness
being treated

Name/type of medication
(as described on original
packaging)

Dose to be given

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At what time

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Special precautions or
instructions

Are there any side effects that
the school need to know
about?

Self-administration – yes/no

Procedure to be taken in an
emergency

Contact details

Name and relationship to child

Contact telephone number

Emergency contact - name

Emergency contact - number

I understand that medication must be delivered to the school in the original packaging.

I will follow the school guidelines for the transport of medication into school.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school administering medicine in accordance with school policy.

I will inform the school immediately if there is any change in the dosage or frequency of the medication or if the medication is stopped.

Parent/Carer signature:

Date: