



Headteacher: Amanda Greenwood

Record of Administration of Medicine in School

Parental agreement for setting to administer the medicine overleaf

Dear Parent/Carer

We require your written permission to administer any medicines in school.

Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings.

If your child refuses to take the medicine we will make every effort to inform you on the same day.

Please hand the medicine to a member of staff personally

For any medicines required on a long term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

What kind of help does your child need with this medicine (mark as appropriate):

I need someone to administer this medicine to my child

They can take the medicine themselves, but need the following supervision from staff:

Are there any side effects that the school needs to look out for?

Parents name	
Signature	
Relationship to Pupil	
Daytime (mobile) telephone number	

First name		Surname		Date of Birth		Class	
Medicine Name		Strength	Form (tabs/syrup)		Amount Needed		At which time
Date	Quantity IN		Quantity OUT		Expiry Date		Signature of receiver
Day	Month		Year		Month		Year
	Time	Amount	Signature		Time	Amount	Signature
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