

# NORDEN COMMUNITY PRIMARY SCHOOL

## Parental Agreement for Setting to Administer Medicine

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

Date for review to be initiated by:

Name of school/setting: **NORDEN COMMUNITY PRIMARY 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:

Timing:

Special precautions/other instructions:

Are there any side effects that the school/setting needs to know about?:

Self-administration:

Procedures to take in an emergency:

GP name and telephone number :

**NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

**PARENT/ CARER CONTACT DETAILS IN CASE OF EMERGENCY:**

Name:

Daytime telephone no. :

Relationship to child :

Address :

I understand that I must deliver the  
medicine personally to:

**THE SCHOOL OFFICE**

NAME: .....

CLASS: .....

MEDICATION & DOSAGE GIVEN: .....

DATE: . .....

TIME GIVEN: .....

BY: .....

NOTES: .....

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MEDICATION & DOSAGE GIVEN: .....

DATE: . .....

TIME GIVEN: .....

BY: .....

NOTES: .....

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MEDICATION & DOSAGE GIVEN: .....

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NOTES: .....

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