



# ADMINISTRATION OF MEDICINE IN SCHOOL

## PARENTAL AGREEMENT FOR THE ADMINISTRATION OF MEDICINES

Victoria Road Primary will not give your child medicine unless you complete and sign this form. Victoria Road Primary has a policy that staff can administer medicine.

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER**

<b>Today's Date:</b>		<b>Child's Name:</b>	
<b>Child's Age:</b>	<b>Child's DOB</b>	<b>Child's Year Group:</b>	
<b>Condition/Illness:</b>		<b>Name &amp; Strength of Medicine:</b>	
<b>Where Medicine Kept:</b>		<b>Side Effects:</b>	
<b>Expiry Date:</b>		<b>How much to be given:</b>	
<b>When to Administer:</b>		<b>Quantity Received:</b>	
<b>Daytime contact number of parent:</b>		<b>Name &amp; Contact number of GP</b>	
<b>Review Date:</b>			

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school/school staff, to administer the medicine in accordance with the school's 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.

**Parent Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

The Headteacher/Deputy Headteacher at Victoria Road Primary school, has agreed to a member of staff administering medicine where a Risk Assessment or Health Care Plan are not needed.

It is agreed that \_\_\_\_\_ will receive \_\_\_\_\_  
*(child name)* *(Quantity and name of medicine)*

Every date at \_\_\_\_\_

\_\_\_\_\_ will be given their medicine/supervised taking their medicine by  
*(child name)*

\_\_\_\_\_ This arrangement will continue until \_\_\_\_\_  
*(Name of staff member)* *(end date or as instructed by parent)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Headteacher/Deputy Headteacher/Senior Manager)*

### RECORD OF ADMINISTRATION OF MEDICINE TO CHILD

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
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