

HYDE PARK SCHOOLS

Parental agreement for school/setting to administer
prescribed medicines



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

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions
(e.g. storage)

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

Self-administration – YES/NO

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 school staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____