Inspiring Primaries Academy Trust
Inspiring all to flourish and succeed

Parental/guardian agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. Only medication prescribed by medical practitioners can be administered by school staff.

Date for review to be initiated by	
Name of School	
Name of Child	
Date of Birth	
Year group / Class	
Medical condition	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration	Y / N
Procedures to take in an emergency	

CONTACT DETAILS

Name	
Daytime telephone number	
Relationship to child	

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

Signature: Date:

NOTE: Medicines must be in the original container as dispensed by the pharmacy

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Record of medicine administered to an individual child

Name of School/Setting	
Name of child	
Date of medicine provided by parent	
Year group / Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency	

ADMINISTRATION OF MEDICATION RECORD (INDIVIDUAL CHILD)

DATE	TIME	DOSE	STAFF INITIALS	STAFF INITIALS