



Parental/Carer Agreement to Administer Medicine

Staff will not give your child medicine unless you complete and sign this form.

Name of school/setting	Sunnybrow Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects we need to know about?	
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	[agreed member of staff]

If your child refuses their prescribed medication, staff will not force them to take it.

Any changes to dosage will only be made in accordance with the instructions on the dispensed container or written instruction from a doctor.

Parents/Carers will be asked to collect any unused medication after the duration of administration has ended. Any uncollected medication will be taken to a chemist for safe disposal.

Signature(s) _____

Date _____