

Denton Primary School

Parental agreement for school to administer medication

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

Details of medication

Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can pupil self administer medication?	YES/NO
Procedures to take in an emergency	
Date, dosage and time last administered at home:	
If inhaler used where it will be kept i.e. class cupboard	

Note: medication must be stored in the original container as dispensed by the pharmacy

Contact details

Name	
Relationship to pupil	
Daytime phone no	
I understand I must deliver the medication personally to	

Date of review _____

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

Signed: _____ Print name: _____

Date: _____

PTO/...

Denton Primary School
Record of medication administered to an individual child

Name of pupil	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: _____

Parent/carer signature: _____

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			