

FORM B

Parental agreement for school/setting to administer medicine

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.

| | |
|------------------------------|-------------------|
| Name of school/setting | West Vale Academy |
| Name of pupil | |
| Date of birth | |
| Group/class/form/year group | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Date dispensed | |
| Expiry date | |
| Agreed review date to be initiated by | |
| Dosage and method | |
| Timing | |
| Special precautions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self administration | |
| Procedures to take in an emergency | |

Contact Details

| | |
|---|--|
| Name and Relationship | |
| Daytime telephone no. (essential) | |
| Relationship to pupil | |
| Address | |
| I understand that I must deliver the medicine personally to | |

I accept that this is a service that the school/setting is not obliged to undertake.
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..

Date _____ Parent(s) signature _____