

**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	
<b>I give consent for West Vale Academy First Aid staff to administer an emergency in school inhaler or epi-pen if necessary</b>	

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.

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_