

**Leeds and Broomfield C.E Primary School**  
**Parental agreement for the administration of medicines**

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a procedure that staff can administer medicine

Date: \_\_\_\_\_ Childs Name \_\_\_\_\_

Age \_\_\_\_\_ Yr Group & Class \_\_\_\_\_ DOB \_\_\_\_\_

Condition / Illness \_\_\_\_\_

Name and Strength of Medicine \_\_\_\_\_

Where Medicine Kept : \_\_\_\_\_

Side Effects: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much (dose) to give: \_\_\_\_\_ Date of Provision \_\_\_\_\_

When to give it \_\_\_\_\_

Number of tablets given to school \_\_\_\_\_

**Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER**

Daytime contact number of parent or adult contact

Name and contact number of GP

Agreed review date \_\_\_\_\_

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the medicine in accordance with the school/setting procedure. 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/Guardian signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Leeds and Broomfield C.E Primary School  
Administration of Medicines in Schools  
Record of medicines administered to an individual child

**To ensure:  
The right medicine  
For  
The right child  
At  
The right time  
At  
The right dose**

Name of Child: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Class \_\_\_\_\_

Name and Strength of medicine \_\_\_\_\_

Date Medicine provided by Parent \_\_\_\_\_ Quantity Received \_\_\_\_\_

Dose and frequency of medicine \_\_\_\_\_

Staff Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date				
Time Given				
Dose Given				
Staff member				
Staff Initials				

Date				
Time Given				
Dose Given				
Staff member				
Staff Initials				

Date				
Time Given				
Dose Given				
Staff member				
Staff Initials				