**Parental agreement for school to administer prescribed medicine**

**One form must be completed for each medicine to be administered**

***Note: A prescription label showing the child’s name and medication details (i.e. name, dosage and frequency of administration) MUST be clearly visible on the medication.***

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| --- | --- | --- | --- |
| Pupil’s Name |  | Class |  |
| Medicine |  |
| Prescribed For |  |
| Date Dispensed |  | Expiry Date |  |
| Dosage Prescribed |  |
| Time/s to be dispensed |  |
| Other Instructions(ie. End date of dispensing/with food etc) |  |

***All unused medicines to be returned to the Parent/Guardian at the end of the prescribing period***

|  |  |
| --- | --- |
| Name of Parent |  |
| Phone Number of Parent |  |
| Name of GP |  |
| Phone Number of GP |  |

* I accept that this is a service that the school 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 administering medicine in accordance with the school policy. I will inform the school 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 ……………………………………………….

**Headteacher’s Authority:** I agree that the above medication can be administered within school hours as detailed above and will be supervised by:

Name and post held in school: ……………………………………………………………………………………………………………

Signature Date ……………………………………………….

**Check that details of medicine, dosage and frequency of dose agree with Parental Agreement**.

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| Date |  | / / |  | / / |  | / / |
| Time given |  |  |  |  |  |  |
| Dose given |  |  |  |  |  |  |
| Signature and initials 1 |  |  |  |  |  |  |
| Signature and initials 2 |  |  |  |  |  |  |

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| Date |  | / / |  | / / |  | / / |
| Time given |  |  |  |  |  |  |
| Dose given |  |  |  |  |  |  |
| Signature and initials 1 |  |  |  |  |  |  |
| Signature and initials 2 |  |  |  |  |  |  |

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| Signature and initials 1 |  |  |  |  |  |  |
| Signature and initials 2 |  |  |  |  |  |  |