



Clifton with Rawcliffe School

Parent/carer 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	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Name/type of medicine (as described on the container)
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Quantity received (eg half bottle)

Dosage and method:

Duration of treatment /Timings

Special precautions / Storage details:
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Date dispensed:	Expiry date:
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Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency:

Self administration:

Form 3 continued

Planned review date:

Person to initiate review:

Contact Details:

Name:

Daytime telephone no.

Relationship to child:

Address:

I will deliver the medicines personally to the School Office

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

Parent/carer's signature _____

Print name _____ Date _____

Surplus/unused medicines:

The following quantity _____ of the above medicine was collected by:

Name: _____

Signed: _____

Date: _____

The above medicine was not collected. It was taken to _____

Chemist for safe disposal. Date: _____ Initial: _____