

## Parental agreement for school to administer prescribed medication

In accordance with our policy, only prescribed medication can be administered in school. Prescribed medication will not be administered to your child unless both pages of this form are completed and signed.

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

### Medication details

Medical diagnosis/  
condition: \_\_\_\_\_

Details of medical  
needs / symptoms: \_\_\_\_\_

Name/ type of  
medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Dose and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions  
(i.e. before food): \_\_\_\_\_

Side effects: \_\_\_\_\_

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Self-Administration? Yes / No (delete as appropriate)

Procedure to take in an emergency: \_\_\_\_\_

**Parent/ Carer contact details**

Parent/ Carer Contact name: \_\_\_\_\_

Parent/ Carer contact telephone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent/ Carer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP name, address and phone number: \_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to hand prescribed medication to the bus escort or to the nominated member of staff.

I understand that I must notify the staff at Forest Approach Academy of any changes in writing.

Signature: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

Review date: \_\_\_\_\_