



Parental agreement to administer medicine

Oreston Community Academy will not be able to give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	
Known allergies	

Medicine

Name of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage	
Time of last dosage given at home	(e.g. Calpol / Paracetamol / antibiotics etc)
Method / route	
Time to be administered	
Special precautions/other instructions e.g. storage/ security	
Are there any side effects that the school needs to know about?	
Self-administration	Yes / No (please circle)
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

I understand that I must deliver the medicine personally to a member of the office staff.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the Supporting Children with Medical Needs 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.

I give permission for this form to be made available to the member of staff administering the medicine.

Name: _____

Relationship to child: _____

Signature(s) _____

Date _____