Oaklands Primary School

Parental agreement for education setting to administer medicine

Oaklands Primary School needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of child	
Date of birth	/ /
Group/class/form	
Healthcare need	

Medicine

Name/type of medicine (as described on the container)	

Date dispensed / / Expiry date / /

Agreed review date to be initiated by Mrs C Wright

Dosage and method	
Timing	
Special precautions	
Are there any side effects that the setting needs to know about?	

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

Contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to Mrs Wright

I understand that I must notify the setting of any changes in writing.

Date / / Signature(s) …….....