



Halifax Primary School Managing Medical Conditions Policy

Template/Appendix B: parental agreement for 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.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions/	
Does the medicine need to be refrigerated?	Yes / No (delete as appropriate)
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine 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. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Legal Disclaimer. I understand that neither the Headteacher nor anyone acting on her authority, nor the Governing Body nor Suffolk County Council will be liable for any illness or injury to the child arising from the administration of the medicine or drug unless caused by negligence of the headteacher, the person acting on her authority, the Governing Body, or Suffolk County Council as the case may be.



Signature(s)

Date

Record of medicine administered to an individual child (Continued)

Date
Time given
Name/medication on bottle
Dose given
Name of member of staff
Staff initials

Date
Time given
Name/medication on bottle
Dose given
Name of member of staff
Staff initials

Date
Time given
Name/medication on bottle
Dose given
Name of member of staff
Staff initials

Date
Time given
Name/medication on bottle
Dose given
Name of member of staff
Staff initials

Date
Time given
Name/medication on bottle
Dose given
Name of member of staff
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