



Parental Agreement for school to administer medication

Please note that we are only able to administer medication where we have written consent to do so. Antibiotics will only be given if required 4 times daily. Cough sweets (e.g. Locketts/Tunes) are not allowed in school.

Childs Details

Name of Child	
Date of Birth	
Class	
Medical Condition / Illness	

Medicine

Medicine Name	
Date Dispensed	
Dosage and Method	
Timing	
Any know side effects	
Self-Administration	Yes/No
Procedures to take in an emergency	
Is there a care plan in place	Yes/No

Asthma – Inhalers

In the event that your child's inhaler is not available, runs out or is faulty, do you provide consent for your child to receive salbutamol from the emergency pump held in the school office? **YES / NO**

Contact Details

Name	
Daytime telephone number	

I give consent to school staff to administer medication in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency or if the medication is stopped.

Consent can be withdrawn at any time if you provide this in writing to the school office.

Parents Signature: _____

Date: _____

Print Name: _____