

West Byfleet Junior School

Parental agreement for administration of medicine

Staff will not administer medicine until this form has been completed and returned. Please read the school policy for the Administration of Medicine. **Whenever possible the need for medicines to be administered at school should be avoided.** Parents are therefore requested to try to arrange the timing of doses accordingly. **All medication MUST be in the original packaging, clearly named/prescription label visible and with manufacturer's instructions leaflet enclosed.** We are unable to accept medicines that do not meet these requirements.

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Medicine taken within last 24 hrs
(*Medicine, dose and time*)

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

Batch/lot number

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration? – y/n

Procedures to take in an emergency

Medicines <u>MUST</u> be in the original packaging 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

WEST BYFLEET JUNIOR SCHOOL OFFICE

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to West Byfleet Junior School staff administering medicine in accordance with the school 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.

Parent signature: _____

Date_____

Child's Name:	Class:
Medicines	
1	
2	
3	
4	
5	

Date	Drug, Dose & Times (last 24 hours)	Name of Medicine	Dose Given	Time	Initials	Checked