



Imberhorne school
Parental Agreement for School to Administer Medication



The school cannot give your son/daughter medicine unless you complete this form.

Name of son/daughter

Date of birth/...../..... Form Group.....

Medical conditions/illnesses.....

Medicine

Name/type of medicine.....
 (As described on the container)

Date dispensed/...../..... Expiry date/...../.....

Agreement to self-administer EpiPen/asthma inhaler/insulin (please circle where relevant/applicable)

Agreed review date to be initiated by (staff member).....

On (add date)/...../.....

Dosage and method.....Timings.....

Special precautions.....

Any side effects that the school should be aware of?

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Procedures to be followed in an emergency

.....

.....

Contact details:

Parent/Carer Name:

Contact Telephone Number

GP Name and Telephone Number

.....

Clinic/Hospital Contact Name and Telephone number.....

.....

I understand that I must deliver the medicine personally to welfare staff.

I accept it is my responsibility to ensure that all medication is in date, and I am to provide replacements when appropriate.

I confirm that this medication has been administered to my child in the past without any adverse effect.

I accept that this is a service that the school is not obliged to undertake.

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

SignatureParent /Carer

Date/..... /.....