

## Appendix D: Parental agreement



### Parental agreement for Shinfield Infant and Nursery School to administer medicine

**It is not possible for us to give your child medicine unless you complete and sign this form**

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Does your child take it themselves?	
If they do is supervision needed?	
Procedures to take in an emergency	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	

<b>Contact Details</b>	
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. Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Date			
Time given			
Dose given *			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given *			
Name of member of staff			
Staff initials			

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