

AMEE 3

Parental agreement for school to administer medicine

The school has a policy which allows staff to administer medicine, which states that this form must be completed & signed by a responsible adult.

Child

Name of School:	Lipson Vale Primary School
Name of Child:	
Date of Birth:	
Class:	
Medical condition/illness:	

Medicine

Name/type/quantity of medicine (as described on the container)	
Date dispensed	
Expiry date	
Dosage & method	
Timing	
Special precautions	
Are there any side effects the school needs to know about	
Self administration	Yes/No
Procedures to take in an emergency	
Agreed review date to be initiated by (name of member of staff)	

Contact Details

Name	
Relationship to child	
Address	
Daytime telephone no.	
Mobile no.	
Email (if appropriate as emergency contact)	

I understand that I must deliver the medicine personally to and 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.

Signed

Date