

HERTFORDSHIRE COUNTY COUNCIL

Westfield Primary School & Nursery



Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Child's Name _____

Date _____

Class _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Number of Days _____

Any other instructions _____

Note: Liquid medicines will only be administered if supplied in a pre-filled syringe

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

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.

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

Record of medicine administered to an individual child

Name of Child _____

Name of medicine _____

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			