



Parental Agreement for School to Administer Medicine

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

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

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

Medicine

Name/type of medicine
(as described on the container)
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 (e.g inhaler) – y/n
Procedures to take in an emergency

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?
Self-administration (e.g inhaler) – y/n
Procedures to take in an emergency

NB: Medicines must be in the original container 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

Name
Daytime telephone no.
Relationship to child
Address
[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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.

Signature(s): _____

Date: _____

Print Name: _____