



Parental Agreement for the Porthleven School to Administer Medicine

The School will not give your child medicine unless you complete / sign this form and the setting has a policy that staff can administer medicine. **PRESCRIBED MEDICINE MUST HAVE PRINTED LABEL WITH CHILDS NAME ON IT. Where possible medication should be arranged so that doses are not required to be given during the school day.**

Name of Setting	Porthleven School
Name of Child	
Date of Birth	/ /
Class	
Medical Condition or Illness	Confirmed by Doctor <input type="checkbox"/>

Medicine

Name / Type of Medicine (as described on the container, ONLY MEDICINE PRESCRIBED FOR NAMED CHILD TO BE GIVEN)	
Date Dispensed	/ /
Expiry Date	/ /
Dosage and Method	
Timing	
Date to administer medication to child from.	
Last day to administer medication to child	
Self-Administration	
Any other comment/ detail	

Contact Details

Name	
Daytime Telephone No.	
Relationship to Child	

I consent to the school staff administering medication in accordance with their policy.

I accept that this is a service that the school is not obliged to undertake, you as a parent/carer retain the legal responsibility for administering medicines at all times.

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

Date _____ Signature(s) _____

Record of Medicine Administered

Please read the information overleaf carefully before administering any medicine.

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff, Witness			
Parent aware or sign if necessary			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff, Witness			
Parent aware or sign if necessary			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff, Witness			
Parent aware or sign if necessary			

Date	/ /	/ /	/ /
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