

**Form 2A**

**Parental Agreement for School/Setting to Administer Medicine (Long Term)**

The school/setting will not give your child medicine unless you complete and sign this form, and the school/setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as home/school transport staff) to administer medicine if authorised to do so by the school/setting.

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| **Personal Details** |
| Name of School/Setting |  |
| Child’s Name |  |
| Date of Birth |  |
| Class  |  |
| Teacher |  |
| Date |  |
| **Medication** |
| Name and Strength of Medication |  |
| Expiry Date |  |
| How much to give (i.e. dose to be given) |  |
| When to be given |  |
| How to be given |  |
| Any other instructions |  |
| Number of tablets/quantity to be given to the school setting  |  |
| **NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY** |
| Daytime phone number of parent/carer or adult contact |  |
| Name of GP |  |
| Address of GP |  |
| Phone number of GP |  |
| **Agreed review date to be initiated by** |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised 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 medication is stopped

*I understand that a non-medical professional will administer my child’s medication, as defined by the prescribing professional only*

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| Parent/Carer’s signature  |  |
| Print name |  |
| Date |  |

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