

**Form 2B**

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

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 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

|  |
| --- |
| **Personal Details** |
| Name of School/Setting |  |
| Child’s Name |  |
| Date of Birth |  |
| Class  |  |
| Teacher |  |
| Medical Condition or Illness |  |
| Date |  |
| **Medication** |
| Name and Strength of Medication(as described on the container) |  |
| Date dispensed |  |
| Expiry Date |  |
| Agreed review date to be initiated by |  |
| How much to give (i.e. dose to be given) |  |
| When to be given |  |
| How to be given |  |
| Special Precautions |  |
| Any other instructions |  |
| Are there any side effects the school/setting need to know about? |  |
| Procedures to take in an emergency |  |
| Number of tablets/quantity to be given to the school setting  |  |
| **NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY** |
| **Emergency Contact** |
| Name  |  |
| Daytime phone number of parent/carer or adult contact |  |
| Relationship to child |  |
| Address |  |
| **GP Details** |
| Name of GP |  |
| Address of GP |  |
| Phone number of GP |  |
| **Agreed review date to be initiated by** |  |

I 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

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

|  |  |
| --- | --- |
| **Print name**  |  |
| **Signature** |  |
| **Date** |  |