



Liskeard Hillfort Primary School

Parental Agreement for Administering Medicine

This form must be completed by the pupil's parent/guardian. Please note that if more than one medicine is to be given, a separate form must be completed for each.

Name of Child:	
Date of Birth:	
Class:	
Medical condition:	

Medicine

Note: Medicines must be in their original container as dispensed by the pharmacy.

Name/type of medicine and strength(as listed on the bottle/container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions: Are there any side effects that the school needs to aware of?	
Procedures to take in an Emergency:	

Contact Details

Parent/Guardian's Name:	
Relationship to pupil:	
Daytime telephone number:	
Doctor's name and telephone number:	

I understand that my child will be given/supervised whilst they take their medication by a member of staff. I understand that the school does not take any responsibility for any missed medication or reaction to the correct dosage (as above) as this is a service that the school is not obliged to undertake and is therefore offered on a voluntary basis.



This arrangement will continue until the end of the course of medicine or until instructed by the parent/guardian.

Parent/Guardian Signature: Date:

Record of Administration

The medicine log will be completed by the member of staff immediately before the administration of the medicine, to ensure there is no duplication of dose.

Name of Staff Member Administering Drug	Date	Time	Signature:	Counter Signature: