Parental Agreement for Steeton Primary School to administer medicine and record of medicine administered to an individual child.

Name of school	Steeton Primary School
Name of child	
Class	
Name and strength of medicine	
Quantity received	
Expiry date	
Dose and frequency of medicine	
Special precautions/other instructions	
Quantity returned	
Self-administration – y/n	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

I understand that I must deliver the medicine personally to the **School Office**

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

Parent Name Parent signature

Staff Name Staff signature

KW February 2019

Record of Administration of Medicine

Name of child:

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

KW February 2019

Name of child:

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Name of child:

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

KW February 2019