



Horizons Specialist Academy Trust  
Providing infinite opportunities

## Parental agreement for school/setting to administer medicine

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 staff can administer medicine.

Name of school/setting \_\_\_\_\_

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Group/class/form \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

### **Medicine**

Name/type of medicine  
(as described on the container) \_\_\_\_\_

Expiry date \_\_\_\_\_

Dosage and method \_\_\_\_\_

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the school/setting needs to know about? \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_

Agreed review date to be initiated by Valda Bowen \_\_\_\_\_

### **Contact Details**

Name of parent/guardian: \_\_\_\_\_ Daytime telephone no.: \_\_\_\_\_

Address: \_\_\_\_\_

Name and phone no. of GP: \_\_\_\_\_

I accept that this is a service that the school/setting is not obliged to undertake.

**Note: Medicines must be in the original container as dispensed by the pharmacy and have a clear prescription label.**

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/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 medicine is stopped.

Parent's signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_