

Holt Community Primary School

Norwich Road, Holt, Norfolk, NR25 6SG



PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE SEPTEMBER 2023 to JULY 2024.

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.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type and strength of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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.

Signature(s) _____ Date _____

Staff administering medication please turn over for Record Sheet

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FOR STAFF COMPLETION

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Record of medicine administered to an individual child - **Please see overleaf for details of medicine to be administered.**

Date			
Time given			
Dose given			
Any Reaction			
Name of Member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any Reaction			
Name of Member of staff			
Staff initials			

Date			
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Dose given			
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