Tarleton Holy Trinity Church of England (Aided) Primary School

FORM 3

Parental agreement for setting to administer prescribed medicine

The setting will not give your child medicine unless you complete and sign this form, and the setting has a policy that staff can administer medicine

Name of Setting: **Tarleton Holy Trinity CE Primary School**

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name the medicine is prescribed to on the container: _____

_____

Name /Type of Medicine (as described on the container): _____

_____

Date to commence medication: _____

Date medication to cease: _____

Date dispensed: _____

Expiry date of medication: _____

Agreed review date to be initiated by: _____
[name of member of staff]:

Dosage and method eg Oral, inhaled: _____

Timing of dosage: _____

Special Precautions: _____

Are there any side effects that the setting needs to know about? _____

Self Administration (self administration form to be completed if yes): YES/NO ***(delete as appropriate)***

Procedures to take in an Emergency: _____

_____

_____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

_____

_____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the setting staff administering medicine in accordance with the setting policy. I will inform the setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the setting is not obliged to undertake.

Signature(s): _____

_____

Date: _____

Relationship to child: _____

If more than one medicine is to be given a separate form should be completed for each one

Tarleton Holy Trinity Church of England (Aided) Primary School

FORM 5

Record of medicine administered to an individual child

Name of Setting: **Tarleton Holy Trinity CE Primary School**

Name of Child: _____

Date medicine provided by parent: _____

Group/class/form: _____

Quantity received: _____

Name and strength of medicine: _____

Expiry date: _____

Quantity returned: _____

Dose and frequency of medicine: _____

Staff signature: _____

Parent signature: _____

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:			

Date:			
Time Given:			
Dose Given:			
Name of member of staff:			
Staff initials:			