



**PARENTAL AGREEMENT FOR SCHOOL/SETTING TO  
ADMINISTER PRESCRIBED MEDICINE (SHORT-TERM)**

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. You are also agreeing to other appropriate employees of the Local Authority to administer medicine if authorised to do so by the school/setting.

<i>Name of school/setting</i>	DAWPOOL CE PRIMARY SCHOOL
<i>Name of child</i>	
<i>Date of birth</i>	
<i>Class</i>	
<i>Medical condition/illness</i>	
<i>Name of Medicine (as described on container)</i>	
<i>Date dispensed</i>	
<i>Expiry date</i>	
<i>Dosage and method</i>	
<i>Timing</i>	
<i>Special precautions/storage instructions</i>	
<i>Are there any side effects that the school/setting should know about?</i>	
<i>Procedures to take in an emergency</i>	
<i>Name of person completing form</i>	
<i>Daytime telephone number</i>	
<i>Relationship to child</i>	
<i>Address</i>	

I understand that I must deliver the medication to Mrs Kenney in the school office and arrange for it to be collected by an adult at the end of the school day.

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

I understand that a non-medical professional, who has not been trained to give medication, will administer my child's medication, as defined by the prescribing professional only.

Signed \_\_\_\_\_

Date \_\_\_\_\_