

## Parental agreement for school to administer prescribed medication

In accordance with our policy, only prescribed medication can be administered in school. Prescribed medication will not be administered to your child unless both pages of this form are completed and signed.

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

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

### Medication details

Medical diagnosis/  
condition: \_\_\_\_\_

Details of medical  
needs / symptoms: \_\_\_\_\_

Name/ type of  
medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Dose and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions  
(i.e. before food): \_\_\_\_\_

Side effects: \_\_\_\_\_

Self-  
Administration? Yes / No (delete as appropriate)

Procedure to take  
in an emergency: \_\_\_\_\_

### Parent/ Carer contact details

Parent/ Carer

Contact name:

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Parent/ Carer

contact telephone  
number:

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Relationship to  
child:

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Parent/ Carer

Address:

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GP name, address  
and phone number:

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I understand that it is my responsibility to hand prescribed medication to the bus escort or to the nominated member of staff.

I understand that I must notify the staff at Ravensbourne School of any changes in writing.

Signature:

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Print name:

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Relationship to  
child:

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Date:

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Review date:

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