



APPENDIX B

Form B: Parental agreement for school or setting to administer medicine

The school will not give your child medicine unless this form is completed and the school has a policy for staff to administer medicine.

School: Eccleston Mere Primary School

Date: _____ Class: _____

Child's Name: _____

Medical condition or illness: _____

Name and strength of medicine: _____

Expiry Date: _____ When to be given: _____

Dosage and method of administration: _____

Any side effects school needs to know about? _____

Procedure to take in an emergency _____

Number of tablets/quantity to be given to school _____

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

Parental contact and phone number: _____

Name and number of GP: _____

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

Parent's signature: _____

Print name: _____

Date: _____