

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:

Parent/ Carer

contact telephone

number:

Relationship to

child:

Parent/ Carer

Address:

GP name, address

and phone number:

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:

Print name:

Relationship to

child:

Date:

Review date:
