



APPENDIX 1

SEFTON CHILDREN'S SERVICES

**Parental agreement for school/setting to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. NB Medicines **must** be in the original container dispensed by the pharmacy.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	(name of member of staff)
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school need to know about?	
Self administration	Yes/No (delete as appropriate)
Procedures to take in emergency	
<b>Contact Details</b>	
Name	
Daytime telephone number	
Relationship to child	
Address	
Name and phone number of GP	
I understand that I must deliver the medicine personally to	(agreed member of staff)

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s)

Date

