

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE

Notes to parent/guardian

1. This school will only give your child medicine after you have completed and signed this form
2. All medicines must be in the original container as dispensed by the pharmacy, with the student's name, contents, the dosage and the prescribing doctor's name on it.
3. The information is requested, in confidence to ensure that the school is fully aware of the medical needs of the student.

Date	
Student's Name	
Date of birth	
Year/class	
Reason for medication	

Name/type of medicine (as described on the container)	
Expiry date of medication	
Dose to be given	
Time(s) for medicine to be given	
Special precautions/other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school need to know about?	
Procedures to take in an emergency	
Time limit – please specify how long the student will need to take the medicine for	
I understand that I must deliver the medicine personally to the school office	
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No / Not applicable

I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable

Details of person completing the form:

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternatives contact number in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by (named member of staff)	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for a member of staff to administer the medicine to my son/daughter during the time he/she is at Willowbrook School.

I will inform the school immediately in writing if there is any change in dosage or frequency of this medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of these.

The above information is to the best of my knowledge, accurate at the time of writing.

Signature..... Date.....
(Parent/guardian/person with parental responsibility)