

Form from Parent - to Accompany Medicines

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	Expiry date	YYYY/MM/DD	
	Self-Administration	Y	N
Dosage and method	Timing		
Special precautions/other instructions			
Are there any side effects that the school/setting needs to know about?			
Procedures to take in an emergency			

**NB: Medicines must be in the original container as dispensed by the pharmacy.
A correct supply of the most recently dated medicine is required.**

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I _____ (name and surname) understand that I must personally deliver the medicine to _____ [agreed member of staff].

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

Signature(s) _____ Date _____