**Parental Agreement for school to administer medication**

**Please note that we are only able to administer medication where we have written consent to do so. Antibiotics will only be given if required 4 times daily. Cough sweets (e.g. Lockets/Tunes) are not allowed in school.**

**Childs Details**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Class |  |
| Medical Condition / Illness |  |

**Medicine**

|  |  |
| --- | --- |
| Medicine Name |  |
| Date Dispensed |  |
| Dosage and Method |  |
| Timing |  |
| Any know side effects |  |
| Self-Administration | Yes/No |
| Procedures to take in an emergency |  |
| Is there a care plan in place | Yes/No |

**Asthma – Inhalers**

In the event that your child’s inhaler is not available, runs out or is faulty, do you provide consent for your child to receive salbutamol from the emergency pump held in the school office? **YES / NO**

**Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Daytime telephone number |  |

I give consent to school staff to administer medication in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency or if the medication is stopped.

**Consent can be withdrawn at any time if you provide this in writing to the school office.**

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_