Parental agreement for Durham Trinity School & Sports College to administer medicine

Durham Trinity School & Sports College will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by:	
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:	
Dosage and method:	
Times required:	
Special precautions/other instructions:	
Are there any side effects that the school/setting needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to	

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

any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____(parent/carer) Date _____

School Staff:

I have read and understand the administering medication plan for

_____ (pupil's name).

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____

Name:_____Signature: _____Date:_____