



**Parental/Carer to Administer a Prescribed Medicine**

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child’s name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing on the pharmacy label.
- A separate form is required for **each medication**.

<b>Child’s name</b>		
<b>Child’s date of birth</b>		
<b>Class</b>		
<b>Name of medicine</b>		
<b>Strength of medicine</b>		
<b>How much (dose) to be given e.g. one tablet or one 5ml spoonful</b>		
<b>At what time(s) the medication should be given</b>		
<b>Reason for medication</b>		
<b>Duration of medicine</b> Please specify how long your child needs to take the medicine for.		
<b>Are there any possible side effects that the school needs to know about? If yes, please list them.</b>		
<b>I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis (delete as appropriate).</b>	<b>Yes</b>	
	<b>No</b>	
	<b>Not applicable</b>	
<b>I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.</b>	<b>Yes</b>	
	<b>No</b>	
	<b>Not applicable</b>	

Medication	Quantity	Date	Time

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the Executive Head (or her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school. 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.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.
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<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	
<b>Received by:</b>	