

**Form 2: Parental agreement for education setting to administer medicine**

[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

**Medicine**

Name/type of medicine  
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that the setting needs to know about?

Self-administration (delete as appropriate) Yes/No

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [agreed member of staff]

I understand that I must notify the setting of any changes in writing.

Date

Signature(s)

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