

**Parental/Head Teacher Agreement for  
ORMESBY VILLAGE INFANT SCHOOL  
to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form.

<b>Date</b>			
<b>Child's Name</b>			
<b>Class</b>			
<b>Name/type of medicine (as described on the container)</b>			
<b>Expiry date</b>			
<b>How much to give (dose to be given)</b>			
<b>When to be given</b>			
<b>Reason medication needed</b>			
<b>Are there any side effects that the school needs to know about?</b>			
<b>Self administration</b>	Yes / No	<b>Prescribed by a doctor</b>	Yes / No

**Medicines must be in the original container as dispensed by the pharmacy**

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 medication or if the medicine is stopped.

<b>Parent's signature:</b>	<b>Date:</b>
<b>Print name:</b>	

**Confirmation of Headteacher's agreement to administer medicine**

It is agreed that the child named above will receive the stated medicine as above to be administered in accordance with the instruction. The child will be supervised/medicine administered by a member of staff.

<b>Head Teacher signature:</b>
<b>Print name</b>

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Any Reactions</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
<b>Dose Given</b>			
<b>Any Reactions</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time Given</b>			
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<b>Staff initials</b>			