Parental Agreement for Medication Administration

	**Parental Agreement for Medication Administration**
	The school/setting will not give your child medicine unless you complete and sign this form, in line with Sherborne Area Schools' Trust policy.

Date					
Name of school/setting *Please provide full name here. SPS could stand for several schools in our trust. Please do not abbreviate.*	King Arthur's School				
Name of child *Please ensure child's full name (including middle names) is detailed here. There could be several 'M Smith's' in the schools. Please do not abbreviate.*					
Date of birth					*Please ensure these details are clear and the numbers cannot be confused*
Group/class/form					
Medical condition or illness *Please give as much information here as you possibly can. This will help those administering medication to have a greater knowledge of a child's condition.*					
Medicine					
Name/type of medicine *(as described on the container)*					
Expiry date					*Please detail as per container. And give full year of expiry.*
Dosage and method *Please ensure you are detailing dosage and method exactly as described on the container. A good example of this would be 'Take one tablet three times a day' A poor example would be '1 x 3 x a day'.*					
Timing *Full sentences are required here at all times - A good example here would be 'Twenty minutes before meals'*					

Special precautions/other instructions *Information should be written exactly as detailed on the container*	
Are there any side effects that the school/setting needs to know about? *Ensure full detailed information is given here*	
Self-administration – y/n	
Procedures to take in an emergency *It is vital full details are given here. 'Contact SV and ring 999' is not a detailed explanation.*	
NB: Medicines must be in the original container as dispensed by the pharmacy **Contact Details (Parent / Guardian)**	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to ….	(agreed member(s) of staff / school office)

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.

Signature(s)_____ Date_____