

Parental agreement for school to administer prescribed medication

In accordance with our policy, only prescribed medication can be administered in school. Prescribed medication will not be administered to your child unless both pages of this form are completed and signed.

Name of child: _____

Date of Birth: _____ Class: _____

Medication details

Medical diagnosis/
condition: _____

Details of medical
needs / symptoms: _____

Name/ type of
medication: _____

Date dispensed: _____ Expiry date: _____

Dose and method: _____

Timing: _____

Special precautions
(i.e. before food): _____

Side effects: _____

Self-
Administration? Yes / No (delete as appropriate)

Procedure to take
in an emergency: _____

Parent/ Carer contact details

Parent/ Carer

Contact name: _____

Parent/ Carer

contact telephone
number: _____Relationship to
child: _____

Parent/ Carer

Address: _____

_____GP name, address
and phone number: _____

I understand that it is my responsibility to hand prescribed medication to the bus escort or to the nominated member of staff.

I understand that I must notify the staff at Ravensbourne School of any changes in writing.

Signature: _____

Print name: _____

Relationship to
child: _____

Date: _____

Review date: _____