

# HYDE PARK SCHOOLS

Parental agreement for school/setting to administer  
prescribed medicines



The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	HYDE PARK JUNIOR SCHOOL
Name of child	
Date of birth	
Class	
Medical condition or illness	

## Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions (e.g. storage)	
Are there any side effects that the school/setting needs to know about?	
Self-administration – YES/NO	
Procedures to take in an emergency	

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

## Contact Details:

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	A member of school staff

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 \_\_\_\_\_