

**Appendix C: Parental agreement for school to administer medicine.**

**Parental agreement for Henley in Arden School to administer medicine**

**(One form to be completed for each medicine)**

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

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Medical condition or illness \_\_\_\_\_

**Medicine: To be in original container with label as dispensed by the pharmacy**

Name/type and strength of medicine  
*(as described on the container)* \_\_\_\_\_

Date commenced \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dosage and method \_\_\_\_\_

Time to be given \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the  
School should know about? \_\_\_\_\_

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Carer Contact Details:**

Name \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine safely to the Pastoral Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to **appropriately trained** school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature

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Print Name

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Date

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