

Parental Agreement for setting to administer medicine (Template B)

PSJ Primary School and Nursery will not give your child medicine unless you complete and sign this form in full. PSJ Primary has a policy that staff can voluntarily administer/supervise prescribed medication.

Name of school	Peasedown St John Primary School and Nursery		
Name of child <i>please print</i>			
Registration Group		Date of Birth	
Medical condition or illness			

Medicine - in the original labelled container/bottle/packet as dispensed by the pharmacy

Full Name/Type of medicine (as described on the container)			
Expiry date		Batch Number	
Dosage and method			
Prescribed on	 / /	Course length from 1st dose	
Timing	At am/pm	☐ Before food	☐ After food
Special precautions/ other instructions			
Are there any side effects that the school/setting needs to know?			
Supervised self-administration	☐ Yes	☐ No	
Procedures to take in an emergency			

Contact Details

Name	
Relationship to child	
Up to date telephone and address contact details available on Arbor	
I understand that I must deliver the medicine personally to	☐ A member of the Office team

The above information is, to the best of my knowledge, accurate at the time of writing and I **give consent to school staff voluntarily administering medicine in accordance with the MNSP/PSJ 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.

Signature(s): Parent/Carer

Date:

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Info copied to	Class teacher	Medical Lead	Arbor
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