BATH & WELLS
Multi Academy Trust
'That they may have life, life in all its fullness' John 10:10

Parental agreement giving permission for setting/school to administer prescribed medicine

Date	
Name of school/setting	Bathford Church School
Name of child	
Date of birth	
Group/class/form	Class
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing/frequency	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	Phone the parent or 999
Office: Check medicine (*two staff members to ensure medication contents match container description including dosage and name*)	Signature 1: Signature 2:
Office: Quantity received	
Office: Quantity returned	
Office: Date medicine provided by parent	

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

Contact Details

Name	
Daytime telephone no.	Mobile:
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Clare Bruce at the 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 here is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Signature_____ Date _____

Staff Signature _____ Date _____

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Bathford Church School
A Bath & Wells Academy

Next part of form to be filled out by staff member administering the medicine:

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered (continuation sheet):

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			