Parental agreement for education setting to administer medicine

Ysgol Ty Coch needs your permission to give your child medicine. Please complete and sign this form for each individual medicine to allow this.

Name of education setting	
Name of child	
Date of birth	
Group/class/form	
Healthcare need	
Medicine Name/type of medicine (as described on the container)	
Dosage and method	
Timing	
Are there any side effects or Allergies that the setting needs to know about?	

Self-administration **Yes/No**

Procedures to take in an emergency	

Contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to [*agreed members of staff*]

I understand that I must notify the setting of any changes in writing.

Date Signature(s)

…….....