

Individual Healthcare Plan (B) – Parental Agreement for Administering Medicine

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.

Name of school/setting	Knole Academy		
Name of child			
Group/class/form	Year:		
	Reg:		
Date of birth			

Medical condition or diagnosis	Summary	Notes

Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
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	

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

Family Contact Information	
Name	
Daytime telephone no.	
Relationship to child	
Address	
<i>I understand that I must deliver the medicine personally to Reception, for the attention of the Lead First Aider.</i>	

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 _____