



## Parental Agreement for Kea School to Administer Medicine

Kea School will not give your child medicine unless you complete and sign this form. Kea School has a policy so that the staff can administer medicine.

Name of school/setting	Kea C P School
Name of Child	
Date of Birth	
Year Group	
Medical Condition or Illness	

### Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school 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 and include the prescriber's instructions for administration.**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs Edyvean or Ms Lamerton in the school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Kea School staff administering medicine in accordance with the school's Administration of Medicines 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 to be stopped.

Signature \_\_\_\_\_

Date \_\_\_\_\_