



**Imberhorne school**  
**Parental agreement for school to administer medicine**



The school cannot give your son/daughter medicine unless you complete this form.

Name of son/daughter .....

Date of birth ...../...../..... Form group.....

Any medical conditions illnesses.....

**Medicine**

Name/type of medicine.....  
(as described on the container)

Date dispensed ...../...../..... Expiry date ...../...../.....

Agreement to self-administer epipen/asthma inhaler/insulin (please circle where relevant)

Agreed review date to be initiated by (name of staff member) .....

On (add date) ...../...../.....

Dosage and method.....Timing.....

Special precautions.....

Are there any side effects that the school needs to know about?

.....

Procedures to be taken in an emergency .....

.....

**Contact details**

Parent/Carer Name:

.....

Daytime telephone no .....

GP name and telephone number .....

Clinic/hospital contact name and telephone number.....

**I understand that I must deliver the medicine personally to the welfare staff.**

**I accept it is my responsibility to ensure that all medication is in date and I am to provide replacements when appropriate.**

**I confirm that this medication has been administered to my child in the past without any adverse effect.**

**I accept that this is a service that the school is not obliged to undertake.**

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

Date...../...../.....

Signature .....Parent /Carer