Appendix 1 – parent agreement to administer medicines in the school setting

Name of school	Apley Wood Primary Academy
Name of child	
Date of birth	
Class	
Medical condition or illness	
Name/type of medicine. ***(as described on the container)***	
Expiry date	
Dosage, method, frequency and timing	
Total amount given to school	
Special precautions or other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes or no?	
Procedures to take in an emergency	
Emergency contact name	
Daytime telephone number	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the above medicine(s) in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine, or if the medicine is stopped.

Appendix 2 – Record of medicines administered

Name of school/setting	Apley Wood Primary Academy	Child's name:	
Medicine:	Dose:	Time of day:	Method:

Date	Time given	Stock prior to administration	Dose given	Administered by (Signature)	Checked by (Signature)	Stock after administration