



YSGOL GYMRAEG PONTARDAWE

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

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

I accept that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.

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

Date

Signature(s)



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FORM 3A Parental agreement for school/setting to administer 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 staff can administer medicine

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Date dispensed

Expiry date

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that
The school/setting needs to
Know about?

Self administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency



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FORM 4: Headteacher/Head of setting agreement to administer medicine

Name of school/setting

It is agreed that *[name of child]*will receive
[Quantity and name of medicine].....every day at
[time medicine to be administered eg lunchtime or afternoon break].....
[Name of child] will be given/supervised whilst
He/she takes their medication by *[name of member of staff]*

This arrangement will continue until *[either end date of course of medicine or until
instructed by parents]*

Date

Signed

(The Headteacher/Head of setting/named member of staff)



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FORM 5: Record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent / /

Group/class/form

Quantity received

Name and strength of medicine

Expiry date / /

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM 5: Continued

Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>



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