

## Baglan Primary School ~ Health Care Need Policy

### Form 2: Parental agreement for education setting to administer medicine

[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting

Name of child

Date of birth

Group/class/form

Healthcare need

### 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

**Baglan Primary School ~ Health Care Need Policy**

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

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

Procedures to take in an emergency

**Contact details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to Miss E Holding

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

Date

Signature(s) .....

## Baglan Primary School ~ Health Care Need Policy

This form must be completed by the **Parent/Carer**.

**If staff have any concerns discuss this request with healthcare professionals.**

Name of setting

Learner's name

Group/class/form

Address

Name of medicine

Carry and administer

Administer from stored location

Procedures to be taken  
in an emergency

### Contact information

Name

Daytime telephone no.

Relationship to learner

I would like my child to administer and/or carry their medicine.

Signed Parent/Carer ..... Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature..... Date