

Oakwood Infant and Nursery School Medication Administration Form

Parental Agreement Form

The school will not give your child medicine unless you complete and sign this form.

Name of child:

Date of birth:

Group/class/form:

Medical condition/illness:

Name/type of medication as described on the medicine packaging. (Please enclose the Patient Information Leaflet with each medication)

Dispensing date: (date on pharmacy label)

Expiry date unopened:

Completion Date for Administering Medicine

Expiry date once opened (if different)

Dose to be given (e.g. one tablet in the morning)

Strength of medication (mg or mcg)

Time to be given

Form of medication (e.g. Tablets, oral solution, cream) solution, eye drops)

Special precautions / instructions: (such as before food, instil in left eye)

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

Is your child able to administer the medication themselves? Self- Yes/No (delete as appropriate)

Describe how the child best takes their medication; (from a spoon, a cup, in their hand etc)

Parental Name:

signature_____

Date_____

Office Use Only

- | | |
|---|---|
| <input type="checkbox"/> Name of medication matches name on consent form | <input type="checkbox"/> Medicine/cream in container as dispensed by pharmacist |
| <input type="checkbox"/> Medicine/cream has been prescribed by a GP | <input type="checkbox"/> Correct utensil for administering medicine is present |
| <input type="checkbox"/> Medicine/cream needs to be given in school hours | <input type="checkbox"/> Dosage has been highlighted on bottle/label |
| <input type="checkbox"/> Dosage on the bottle matches the parental consent form | <input type="checkbox"/> If long term medication update Scholar Pack |

SLT Use Only

Agreed review date:

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Review to be initiated by:

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