

Print Double Sided

Parental Agreement For Brunel Staff to Administer Medicine				
Date for review to be initiated by				
Name of child				
Date of birth				
Medical condition or illness	Pain Relief / Asthma / Hayfever			
<i>In the event that your child forgets their inhaler do you consent for your child to use the School's blue inhaler: YES / NO / NA</i>				
Medicine				
Name/type of medicine <i>(as described on the container)</i>				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
My child can self-administer the medication	YES / NO			
Procedures to take in an emergency				
NB: Medicines must be in the original container as dispensed by the pharmacy and supplied along with this form.				
Student Emergency Contact Details:				
Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to	Brunel School			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School staff administering medicine in accordance with Brunel School and SPT MAT policy. I will inform the School immediately, in writing, if there is any change in dosage/frequency of the medication or if the medicine is to be stopped.

Signature(s)
Date

Staff Use Only:

Form completed	Yes	No
Medication received date		
Medication is clearly labelled	Yes	No
Medication is in the original packaging	Yes	No
Medication expiry date		
Appropriate quantity received	Yes	No
The medication will be stored in (location)		
Medication spreadsheet updated	Yes	No
First Aiders made aware	Yes	No
Signed Person 1 (Receiving Staff Member)	Sign _____ Name _____	
Signed Person 2 (SLT or Lead First Aider)	Sign _____ Name _____	
Notes		
Remaining medication returned to parent/carer (date and signature of parent/carer)		