Brunel School

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