



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

Parental agreement for school/nursing staff to administer medication in school

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

Name of School/Setting	<input type="text"/>
Date	<input type="text"/>
Child's Name	<input type="text"/>
Group/class/form	<input type="text"/>
Name of medication and dose to be given	<input type="text"/>
Expiry date	<input type="text"/>
When to be given	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantity to be given to nursing staff	<input type="text"/>
Agreed review date to be initiated by (name of member of staff)	<input type="text"/>
Any known allergies or drugs sensitivities	<input type="text"/>

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

Parent's signature

Print Name

Date