

**PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER
MEDICATION.**

The School/setting will not give your child/supervise with their asthma medication unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

NAME OF CHILD.....

DOB.....

SCHOOL.....CLASS.....

SCHOOL NURSE.....CONTACT No.....

MEDICATION

NAME/TYPE OF MEDICATION.....

.....

EXPIRY DATE..... **SELF-ADMINISTRATION** **YES/NO**

DOSE AND METHOD.....

TIMING.....

SPECIAL PRECAUTIONS.....

.....

ANY FURTHER INFORMATION SCHOOL/SETTING NEEDS TO KNOW ABOUT?

.....

PROCEDURE TO TAKE IN AN EMERGENCY/WHAT CONSTITUTES AN EMERGENCY.....

.....

CONTACT DETAILS

Name..... Relationship.....

EMERGENCY CONTACT NO.....MOBILE.....

School staff, which have received appropriate training, will be covered by indemnity as set out in KCC guidance (section 10 paragraph 2:1 & 5:2 Supporting pupils with medical needs).

WE, THE UNDERSIGNED, CONSENT TO THIS AGREEMENT:

HEAD TEACHER/OTHER (Please state)

PARENT

Signature.....Date.....

Signature.....Date.....

Print name.....

Print name.....

Review date.....



