

Administration of Emergency Medicine Consent agreement

Parental agreement for setting to administer the medicine below (Please tick ALL that apply)

Dear parent/carer,

We require your written permission to administer any medicines in school.

Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings.

Please hand the medicine over to a member of staff personally.

For any medicines required on a long-term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

What type of help does your child need with this medicine? (mark as appropriate):

- Adrenaline auto injector
- Cetirizine Hydrochloride Oral Solution

Are there any side effects that the school/setting needs to look out for?

Parent/carers name	
Signature	
Relationship to pupil	
Daytime (mobile) telephone no.	