



Parental Agreement

PLEASE USE BLACK INK AND BLOCK LETTERS

The school/nursery will not give your child medicine unless you complete and sign this form in line with Glasgow City Council's current arrangements:

Date for review to be initiated by	
Name	Establishment
Date of birth	Group/class/form
Medical condition/illness	
Date	Review date
Medication	
Name/type of medication <i>(as described on the container)</i>	
Expiry date	Dosage and method
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration Yes <input type="checkbox"/> No <input type="checkbox"/>	
Procedures to take in an emergency	
NB: Medication must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	Phone No <i>(daytime)</i>
Relationship to child	
Address	
I understand that I must deliver the medication to <i>(insert agreed member of staff)</i>	



Individual Record of Medication Administered

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Name <i>(child/young person)</i>	
Establishment	Date medication received
Group/class	
Quantity received	
Name and strength of medication	
Expiry date	Quantity returned
Dose and frequency of medication	

Staff Signature _____

Signature of parent/carer _____

Date	Time administered	Dose given	Name <i>(member of staff)</i>	Staff initials

