**Appendix 2**
Education Services

# 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 *(as described on the container)* | |
| 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 ☐ No ☐ | |
| Procedures to take in an emergency<br><br>**NB: Medication must be in the original container as dispensed by the pharmacy** | |

| **Contact Details** | |
|---|---|
| Name | Phone No *(daytime)* |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medication to *(insert agreed member of staff)* | |

**Appendix 4**
Education Services

# Individual Record of Medication Administered

PLEASE USE BLACK INK AND BLOCK LETTERS

| | |
|---|---|
| Name *(child/young person)* | |
| 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 *(member of staff)* | Staff initials |
|---|---|---|---|---|
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| Date | Time administered | Dose given | Name *(member of staff)* | Staff initials |
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