

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE



The school will not give your child medicine unless you complete and sign this form - the school has a policy that staff can administer medicine.

Name of Child:			
Year Group:			
Date Medicine Provided by Parent:			
Name of Medicine:			
Expiry Date:			
Dose of Medicine:		Time of Administering Medicine:	

Note: All medicines must be in the original container as dispensed by the pharmacy

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

Name of Parent Providing Medicine:

Signature:

Daytime Contact Number:

Name of GP Surgery:

Date:

Staff Name:	
Staff Signature	