

North Petherton Community Primary School

Parental agreement for school to administer medicine

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

Date

Child's Name

Class

Name and strength of medicine

Expiry date

How much to give (i.e. dose to be given)

When to be given

Any other instructions

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

Daytime phone no. of parent or adult contact

Name and phone no. of GP

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school. 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.

Parent's signature:

Print Name:

Date:

If more than one medicine is to be given a separate form should be completed for each one.

will receive

every day at

will be given / supervised whilst he/she takes their

medication by

This arrangement will continue until (either end date of course of medicine or until instructed by parents)

Date

Signed