

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 has a policy that staff can administer medicine.

Please note **medicine**, for example a course of antibiotics, will be **administrated at 12pm**. If your child needs to have the medicine at any other time of the day, you will need to come into school to administrate it yourself.

Name of child:			
Date of birth:		Class:	
Medical condition or illness:			

Contact Details

Name:			
Relationship to child:		Daytime telephone number:	
Work telephone number:		Mobile telephone number:	

Medicine Details - Medication must be in the original container as dispensed by the pharmacy

Name of GP:		Telephone number:	
Hospital and Consultants Name:		Telephone number:	
Name/type of medicine:			
Date dispensed:		Expiry date:	
Dosage:			
Any other instructions:			

- 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 confirm this medication supplied by me and prescribed by my child's doctor is correctly labeled, in date, with storage details attached and that the school will be informed of any changes.
- I confirm that I will ensure that the school has adequate supplies of this medication.
- I confirm that I will ensure that the expiry date is monitored and will replace this medication when it expires.

Date:.....

Signature:.....

