

## PARENTAL AGREEMENT FOR ADMINISTRATION OF MEDICINES

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

Date:	
Child's Name:	
Form:	
Medication condition/illness:	
Name and strength of medicine:	
Expiry date:	
How much to give (i.e. dose to be given):	
When to be given:	
Any other instructions:	
Number of tablets/quantity given to school:  <b>Note: Medicines must be in the original container as dispensed by the Pharmacy.</b>	
Daytime phone no. of parent or adult contact:	

Agreed review date to be initiated by:

Mrs Burcher and Mrs Walker, School Nurses

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 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:

**Signature of Parent / Guardian:**

**Print Name:**

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