

Parental agreement for school to administer a prescribed medicine



The school will not give your child medicine unless you complete and sign this form and the Headteacher has approved the request by signing the form below. If more than one medicine is to be given a separate form is to be completed for each one

Date	
Childs name	
Class	
Illness being treated	
Name and strength of medicine	
Expiry date	
How much to be given (dose)	
When to be given (time)	
Number of tablets / quantity given to school	
Any other instructions	

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

Daytime phone number of parent/adult contact	
Name and phone number of GP	

The above information is to the best of my knowledge accurate at 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 medication or if the medicine is stopped. The above medicines have been prescribed by a medical practitioner and are clearly labelled indicating contents, dosage and the child's full name.

Parents signature Date.....

Print name

Headteacher agreement to administer medicine

It is agreed that the above named child will receive medicine every day as detailed above

Your child will be given/supervised whilst he/she takes their medication by an appropriately trained member of staff

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

Signed Date.....