



PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE

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

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

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 _____

Agreed review date to be initiated by [name of member of staff]: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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: _____