

Parental agreement for school to administer medicine – Sheering Church of England Primary School

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

Date for review	
Name of school	
Name of child	
Date of Birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administer?	Yes/No
Procedures to take in an emergency	

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

Contact details
Name
Relationship to child
Telephone Number
I understand that I must deliver the medicine personally to

The school office

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 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.

Signed

Dated