

Metheringham Primary School

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 or setting has a policy that staff can administer medicine.

Date

Child's name

Class

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

Note: 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

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

Headteacher's signature

Print name

Date

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