

PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Name of School	Eaton Primary School
Date	
Child's name	
Group/Class/Form	
Name & Strength of medicine	
Expiry date	
How much to give (dose to be given)	
When to be given	
Any other instructions	
Number of tablets/qty to be given to school/setting	
Medicines must be in the original cont Daytime phone no of parent or adult Contact	rainer as dispensed by the pharmacy
Name and phone no of GP	
Agreed review date to be initiated by [Name of member of staff]	
school/setting staff administering me	at of my knowledge, accurate at the time of writing and I give consent to edicine in accordance with the school/setting policy. I will inform the g, if there is any change in dosage or frequency of the medication or if
Parent Signature :	Print Name ·

Confirmation of Headteacher's agreement to administer medicine

Is it agreed that	
Name of Child	
Will receive	
Quantity and name of medicine	
Every day at	
Time medicine to be administered (Eg lunchtime	
Name of Child	
Will be given/supervised whilst he/she takes	their medication by admin or TA staff
This agreement will continue until the end of	the course of medicine or until instructed by parents
Head Teacher signature	
Print Name	Mr Allan Lowe
Date	