



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.

Date _____

Child's name _____

Class _____

Name & Strength of medicine _____

Expiry date _____

How much to give (dose to be given) _____

When to be given _____

Start & end date for medication to be administered by school _____

Any other instructions _____

Number of tablets/qty 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 _____

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 Signature : _____ Print Name : _____

Confirmation of Headteacher's agreement to administer medicine

Medication will be administered by a member of support/teaching staff .
This agreement will continue until the end of the course of medicine or until instructed by parents.

Headteacher authorisation _____ Mr Allan Lowe

Date _____

