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 has a policy that staff can administer medicine.

Name of School **South Hykeham Community Primary School**

Date ……

Child's Name ……..

Class ……..

Name & strength of medicine ……..

Expiry Date ……..

Dose to be given ……..

When to be given ……..

Any other instructions ……

……

Number of tablets/bottles to be given to school ……..

NOTE: MEDICATION MUST BE THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

Daytime telephone no. of parent/carer ……..

Name & telephone no. of G.P. ……

Agreed review date to be initiated by Headteacher ……

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is a change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature ……

Print Name ……

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