

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 : PARK MEAD PRIMARY SCHOOL

Name of child

Date of birth.....Class.....

Medical condition or illness.....

Medicine

Name/type of medicine.....

Date dispensed.....Expiry date.....

Dosage and methodTiming.....

Special precautions.....

Are there any side effects that
the school needs to know about?.....

Procedures to take in an emergency.....

Contact details

Name.....

Daytime telephone No.....

Relationship to child.....

I understand that I must deliver the medicine personally to Park Mead Primary School Office staff.

I accept this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing

Signed.....Date.....