



## CLAYTON VILLAGE 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 has a policy that the staff can administer medicine.

Name of Child:
Date of birth:
Class:
<b>Medicine</b>
Medical condition or illness:
Name/type of medicine (as described on the container):
Expiry Date:
Dosage and method:
Timing:
Special precautions/other instructions:
Are there any side effects the school needs to know about?
Self-administration - y/n
Procedures to take in an emergency:
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>
<b>Contact Details</b>
Name:
Daytime telephone no:
Relationship to child:
Address:

**I understand that I must deliver the medicine personally to (agreed 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 staff administering medicine in accordance with the school policy. I  
will inform the school immediately, in writing if there is any change in dosage or frequency  
of the medication or if the medicine is stopped.**

Signature:

Date: