



# Saltergate Junior School



## Parental agreement for school to administer medicine

<b>Child's name</b>	
Class	
Date	
Name and strength of medicine	
Expiry date	
Dose to be given	
Time to be given	
Any other instructions	
Quantity of medicine/number of tablets given to school	

**Medicines must be in the original container as dispensed by the pharmacy.**

Daytime telephone number of contact	
Name and telephone number of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer 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.

Parent's/guardian's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

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

