



The New Forest C.E. (VA) Primary School

Parental agreement for school to administer medication.

This form must be completed in full before the school can administer any medication.

Child's Name	
Date	
Medical condition or illness	

Only medicine prescribed by a doctor will be administered by the school.

Medicine: Name and Strength <i>(as described on the container)</i>	
Date Dispensed	
Expiry Date	
Dosage and method	
Timing	
Quantity of medication given to school	
Special Precautions/possible side effects	
Further notes and instructions	

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

Daytime phone number of parent	
Name and phone number of GP	
Agreed review or end of medication date	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to The New Forest Primary School staff administering medication in accordance with the school's medication 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/Guardian's signature: _____

Parent/Guardian's name : _____

Date: _____

