

Parental agreement for school to administer medicine

School will not give your child medicine unless you complete and sign this form, and have a policy that staff can administer medicine with your written consent.

Hinchliffe Mill Junior and Infant School

Name of Child:

Date of Birth:

Group/Class/Form:

Medical condition/illness:

Medicine

Name/Type of Medicine (as described on the container):

Date dispensed:

Expiry date:

Agreed review date to be initiated by the Office Manager:

Dosage and method:

Timing:

Special Precautions:

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to the Office Manager and accept that this is a service that the school is not obliged to undertake.

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

Date:

Signature(s):

Relationship to child: