

# Dacre Braithwaite CE Primary School



## Parental Agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date            /            /

Child's Name

Class

Name and strength of medicine

Expiry date

How much to give (*ie dose to be given*)

When to be given

Any other instructions

Number of tablets/quantity to be given to school

***(NOTE: medicines must be in the original container as dispensed by the pharmacy)***

Daytime phone no. of parent or adult contact

Name and phone 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 administering medicine in accordance with 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 signature

Print name

Date