



Elland C.E. School, Junior, Infant & Nursery

Westgate
Elland
West Yorkshire, HX5 0BB

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Headteacher:
Mrs W Holdsworth

Parental agreement for school/setting to administer medicine

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

Name of school/setting	
Name of pupil	
Date of birth	/ /
Group/class/form/year group	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name and Relationship	
Daytime telephone no. (essential)	
Relationship to pupil	
Address	
I understand that I must deliver the medicine personally to	

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school setting immediately in writing, if there is any change in dosage or frequency of the medication.

Date _____ Parent(s) signature _____