



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Please complete a separate form for each medication to be administered.

The school has a policy that staff can administer **prescribed medication** in school hours to your child. Our staff will not give your child medicine unless you complete and sign this form. Medication must be clearly labelled in the original container with a prescription sticker detailing the child's name and the dosage required. A child should not carry their own medicine; it must be handed into School Reception with this form. Please bear in mind that staff are not obliged to administer medicines but will endeavour to meet your request. Alternatively, you are welcome to come into school to administer the medicine yourself. Thank you for your support.

Date	
Child's Name	
Class	
Name and Strength of Medicine (as given on container)	
How Much to Give (i.e. dose to be given)	
When to be Given (<i>usually administered during the lunchtime</i>)	
Any Other Instructions	
Daytime Phone Number of Parent or Adult	
Date Last Dose is Required or Agreed Review Date	

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's 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/Carer's Signature: _____ Print Name: _____ Date: _____