Parental Agreement

for School to Administer Medicine

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

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

	St Andrew's CE Primary School - Yetminster
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name and type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
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	
Contact telephone no.	
Relationship to child	

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 or if the medicine is stopped.

Signature Date