

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of School: **Shalfleet / Yarmouth CE Primary**

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness _____

Medicine

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

Date dispensed: _____

Expiry Date: _____

Dosage and method: _____

Timing: _____

Special Precautions _____

Are there any side effects that the School needs to know about?

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact Details

Name: _____

Daytime Contact Number: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake.

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

Date: _____

Signature(s): _____

Relationship to Child: _____