



**Parental agreement for school/setting 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/Setting:** All Saints School, Lessingham

**Date :**.....

**Child's Name :**.....

**Group/Class/Form:**.....

**Name and strength of medicine:** .....

**Expiry date:** .....

**How much to give ( i.e. dose to be given):**.....

**When to be given:**.....

**Any other instructions:**.....

**Number of tablets/quantity \_\_\_\_\_ to be given to school/setting.**

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact:

Name and phone no. of GP:

Agreed review date to be initiated by *[name of member of staff]*:

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.

**Parent's signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.