



Parental agreement for school/setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, as stated in the Health & Safety Policy.

Name of School/Setting: All Saints School, Lessingham

Date:.....

Child's Name:.....

Year group:.....

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

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 staff administering medicine in accordance with the school 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 signature: _____

Print Name: _____

Date: _____

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