 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:** .................................................................................................. .....

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

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

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

**Any known allergies:**.............................................................................................................................

# 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.