

Insert Photo of
Child



Parental Agreement to Administer Medicine

Castle Hill Primary School will not give your child medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine. Once completed please return to the school office.

Date for review to be initiated by	Castle Hill Primary School		
Name of School	Castle Hill Primary School		
Name of Child			
Date of Birth			
Year Group/ Class			
Medical Condition/ Illness			
Medicine Type			
Name of Medicine			
Expiry Date			
Dosage and Method			
Time to Administer Medicine			
Course finish date:			
Special Precautions/ Other Instructions			
Are there any side effects that the School need to know about?			
Self-Administered? Yes/ No			
Procedure to take in an emergency			
N.B Medicines must be in the original container as dispensed by the Pharmacy. Without the original container we cannot administer the medicine.			
Parental Consent			
Name of Carer/ Parent			
Daytime Telephone Number			
Relationship to Pupil			
Home Address			
Carer/ Parent Signature			