

**CHADSMOOR FEDERATION**  
 Parental agreement for school to administer medicine.  
 (Prescribed medication as required)

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.

**PLEASE NOTE:** *medication must be in the original container as dispensed by the pharmacy.*

Pupil's Name	
D.O.B.	
Class	
Name of medicine & strength (as described on container)	
Expiry date	
Dosage	
Time dose to be administered	
Any other instructions	
Number of tablets / quantity to be given to school	
Contact details Name	
Daytime telephone number(s)	
G.P.'s name and phone number	

I understand that I must deliver and collect medicine personally.  
 I accept that this is a service that school is not obliged to undertake.  
 The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for staff to administer medicine in accordance with the schools policy. I will inform school immediately if there is any change of dosage or frequency of the medication or if the medicine is stopped.

Signed ..... Date .....

Print Name .....

It is agreed that the above named child will receive the specified medicine everyday at the specified time. This will be given / supervised by a First Aid qualified member of staff. This arrangement will continue until end date of course of medicine or until instructed by parents.

Signed \_\_\_\_\_ Mrs J Westley Date .....