Harbury Church of England Primary School

Agreement for school to administer medicine

Name of child	
Date of birth (dd/mm/yy)	
Registration Group	
Medical condition or illness	
Medicine:	
Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	Yes/No (Please delete as applicable)
Procedures to take in an emergency	
Contact Details:	
Name	
Daytime Telephone No.	
Relationship to child	
Address	

- I understand that I must deliver the medicine personally to the school office and that medicines should be in the same container as dispensed by the pharmacy
- The above information is, to the best of my knowledge, accurate at the time of writing and I understand that I must notify the school of any changes in writing.

Parent/Carer's signature: .....

Date: .....