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Parental Agreement Form for Medication Administration

All medicines must be in the original container as dispensed by a pharmacy, clearly displaying the child's name and a date.

Name of Child:

D.O.B:

Class:

Name of Medicine:

Expiry date:

Dose to be given (amount):

Frequency (when):

Agreed start date of medication with school:

Agreement to continue until:

Has the child had this medicine before? Any previous adverse reaction?

Any other instructions/information:

Name and phone contact of doctor:

Parent/Carer contact details (phone & email):

'The above information is, to the best of my knowledge, accurate at the time of writing. By completing this form, I give consent to Hawthorns School staff to administer this medicine to my child.'

Signed (Parent/Carer):

Print name:

NB: If your child travels on transport, please make sure you hand over and receive medication from the escort. If more than one medicine is to be given, a separate form must be completed for each one.

Medicine administrators (name at least two):

In the absence of the 2 named administrators medicine will be administered by another Paediatric trained member of staff.

Medicine administrators are paediatric first aid trained (tick):

Date agreed:

Location where medication will be securely stored:

Signed (staff member):

Signed (DSL/Head):