



Parent/ Carer and School Agreement to administer medicine

The school will not give your child medicine unless you fully complete and sign this form. Medicines must be in their original packaging as dispensed by the pharmacy.

CHILD INFORMATION

Childs Full Name	
Date of birth	
Year Group/ Class	
Reason for having below medication	
Name and phone number of GP	

MEDICINE INFORMATION

Name of medication			
Strength of medicine			
Expiry Date			
Batch Reference			
Does this medicine need to be kept in the fridge?	Yes	No	
Dosage & Timing required at school Or As Required/ Ongoing	Time	Time	As Required / Ongoing
	Dose	Dose	
Last administered	Date	Time	Dose
Special precautions/ Other instructions			

PARENTAL CONTACT DETAILS AND CONSENT

Name	
Relationship	
Telephone Number	

I understand that I must deliver the medicine and completed form personally to a member of staff.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Holy Cross CofE Primary staff to administer medicine at the times and dosage above in accordance with their policy. I will inform Holy Cross CofE Primary immediately, in writing, if there is any change in dosage or frequency of administration or if the need for medicine is stopped.

Signed	Date
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HEADTEACHER SIGNATURE

Signed	Date
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