HOLYCROSS
CHURCH OF ENGLAND
PRIMARY SCHOOL

Diocese of Ely
multi-academy trust

Parent/ School Agreement to administer medication

The school will not give your child medicine unless this form is completed and signed.
Medicines must be in their original container as dispensed by the pharmacy.

Date:	
Your child's full name:	
Year group/class:	
Name and strength of medicine:	
Expiry Date:	
How much to give (dosage):	
When to be given:	
How much has been given to the school:	
Any other instructions	
Daytime contact phone number for the parent/ carer:	
Name and Phone number of the GP:	

Signature of parent(s) / carer(s): _____

Date: _____

It is agreed that _____(name of child) will receive _____

(quantity and name of medicine every day at _____(time to be administered).

_____(name of child) will be given/ supervised whilst they take their medication by

_____(name of staff member).

This arrangement will continue until _____.

Signature of Headteacher: _____

Date: _____