

Monkton C. E. Primary School



Parental agreement for the administration of medicines

The school will not give your child medicine unless you complete and sign this form. The school has policy that staff can administer medicine.

Date: _____

Childs Name _____

Class _____

Condition / Illness _____

Name and Strength of Medicine _____

Where Medicine Kept: _____

Expiry date: _____

How much (dose) to give: _____

When to give it _____

Number of tablets given to school _____

Note : Medicine must be in the original container as dispensed by the pharmacy

Daytime contact number of parent or adult contact _____

Name and contact number of GP _____

Agreed review date to be initiated by _____
(name of member of staff)

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school staff, to administer the medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian signature _____

Print name _____

Date _____
