

# Monkton Church of England 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 a 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 \_\_\_\_\_

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