St Wilfrid's RCVA Primary School

Parental agreement for school to administer medicine (prescribed only.)

The school will only give your child medicine if the label clearly shows it has been prescribed for them and this form is completed and signed. If more than one medicine is to be given a separate form should be completed for each one.

Child's name	
Class	
Name and strength of medicine	
Expiry Date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/ quantity of medicine to be given to school	Note: Medicines must be in the original container as dispensed by the pharmacy.
Daytime phone no. of parent or adult contact	
Name and phone no of G	P
give consent to school s	s, to the best of my knowledge, accurate at the time of writing and I taff administering medicine in accordance with the school policy. I wil liately, in writing, if there is any change in dosage or frequency of the ation is stopped.
Parent's signature	
Print name	
Date	