Swaffham Prior Primary School
Parental agreement for staff to administer short term medicines

Child's Name:	
Class:	
Name and strength of medicine:	
Expiry Date:	
Is the medicine to be kept in the fridge?	
How much is to be given: **Time to be administered:**	
Start Date:	
End Date:	
Is the medicine to stay in school each day?	
Number of tablets given to school:	
Name of staff member giving medicine:	
Any other instructions:	
Daytime contact no. of Parent:	
Name of GP and Surgery:	

Please Note: Medicines must be in the original container as dispensed from the pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer 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 to be stopped.

Parent's signature:

Print name: **Date:**