Tonysguboriau Primary School

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Year Group	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage	
Time to be administered	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Your Contact Details

Name	
Daytime telephone no.	

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

I have informed my child's class teacher about the administration of the above.	
I understand that I must hand this form and the medicine to the school office.	

Signature(s): _____ Date: _____

This form must be retained in the school office