

Parental Agreement for School to

Administer Medicine



The school will not give your child medicine unless you complete and sign this form. The staff will ensure that they follow the school's policy "Supporting Children with Medical Needs".

Date for review to be initiated by
Name of school
Name of child
Date of Birth
Class/Year Group
Medical condition or illness

Cove Junior School

Medicine

Name/Type of Medicine
(as described on the container)
Expiry date
Dosage and method
Timing
Special precautions/other instructions
Self-administered?
Are there any side effects that the school
needs to know about?
Procedures to take in an emergency

N.B. Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name
Daytime telephone number
Relationship to child
Address
I understand that I must deliver the
medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering 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 medicine or if the medicine is stopped.

Signature(s) _____ Date _____