**Parental agreement for school to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

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| **Grewelthorpe CE Primary** |
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Name of school/setting

Child's name

Group/class/form

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/quantities to be given to school/setting

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 GP

Agreed review date to be initiated by

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 class teacher, school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.