



## Parental Agreement for School to Administer Medicine

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

Name of child		
Date of birth		
Group/class/form		
Medical condition or illness		
Name and phone no. of GP		
Name/type of medicine (as described on the container)		
Dosage and method		
Date from/to		
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		
<b>Contact Details</b>		
Name		
Daytime telephone no.		
Relationship to child		
Address		

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**Please note:** It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.