IF YOU WOULD LIKE US TO ADMINISTER MEDICINE TO YOUR CHILD PLEASE COMPLETE THIS FORM AND RETURN IT WITH THE MEDICINE TO THE SCHOOL OFFICE.

Parental agreement for school/setting 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 staff can administer medicine.

Name of school/setting .....Hindhayes Infant School.....

Date .....

Child's name .....

Group/class/form .....

Name and strength of medicine .....

Expiry date .....

How much to give (dose) .....

When to be given .....

Any other instructions .....

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

Daytime phone no of parent or adult contact .....

Name and contact for GP .....

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.

Parents signature .....

Print name .....

Date .....

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

PRESCRIBED MEDICINES ONLY

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FOR SCHOOL USE ONLY

Date medicine administered	Time medicine administered	Staff name	Initial