

MED 1

(regular/ongoing medicine)

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Name of School	Harvey Road Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	Nicola Boichat
Dosage and method	
Timing	
Special precautions	
Are there any side effects the school needs to know?	
Procedures to take in an emergency	

Contact details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	a member of the office staff

I accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Date: Signature:

Relationship to child: