

MED 1A
(short-term 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
Date	
Name of child	
Class	
Name and strength of medicine	
Expiry date	
How much to give (dosage)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	

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

Contact details

Name	
Daytime telephone number	
Name and phone no of GP	
Agreed review date to be initiated by	Nicola Boichat

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

Parent's signature: Print name:

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