

NEWBRIDGE JUNIOR SCHOOL



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.

Date	<input type="text"/>
Child's name	<input type="text"/>
Group/class/form	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text"/>
How much to give (<i>i.e. dose to be given</i>)	<input type="text"/>
When to be given	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantity to be given to school/setting	<input type="text"/>

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

Daytime phone no. of parent or adult contact	<input type="text"/>
Name and phone no. of GP	<input type="text"/> <input type="text"/>

Agreed review date to be initiated by Mrs J Watts

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.

Please collect your child's medication at the end of the day/course

Parent's signature _____

Print name _____

Date _____