

Parental agreement for school staff to administer

medicine: The school will not give your child medicine unless you complete and sign this form, and the school has a policy that authorised staff can administer medicine.

Name of school	SHIRE OAK PRIMARY SCHOOL
Name of child	
Date of birth	
Year Group	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Times to be administered	
Any further instructions	
Are there any side effects that the school needs to know about?	
Self administration – y/n	
Last date school to administer medicine	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	THE SCHOOL OFFICE STAFF

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

Signature(s)

Date