

Glory Farm Primary School

Parental agreement for school to administer medicine

We are unable to give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	/ /
Group/class/form	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date prescribed	/ /
Dosage (how much to be given)	
Timing (when to be given)	
Any other instructions	
Number of tablets/quantity to be given to school	

Please Note: Medicines must be in the original container as dispensed by the pharmacy or surgery with a suitable measuring spoon/syringe.

Contact details

Name	
Daytime telephone no.	
Name and phone no. of GP	
I understand that I must deliver the medicine personally to (see Office)	

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

Signature(s) _____

Date _____

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