



PARENTAL /HEADTEACHER AGREEMENT FOR SCHOOL 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 staff can administer medicine.

Name of School/Setting : **OLD BUCKENHAM PRIMARY SCHOOL & NURSERY**

Date: _____

Child's Name: _____

Class: _____

Name & strength of medicine _____

Expiry Date: _____

How much to give
(dose to be given) _____

When to be given: _____

Any other instructions: _____

Number of tablets/quantity
to be given to school _____

**MEDICINES MUST BE IN THEIR ORIGINAL CONTAINER AS DISPENSED
BY THE CHEMIST**

Daytime phone number _____

GP Name & phone number _____

Agreed review date _____

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's 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: _____

Confirmation of Headteacher's agreement to administer medicine

It is agreed that _____ (*name of child*)
will receive _____ (quantity and name of medicine)
every day at _____ (time medicine to be administered e.g. lunchtime etc)
and will be given / supervised whilst they take their medication by
_____ (name of staff member)

This arrangement will continue until _____ (either end date of course of
medicine or until instructed by parents)

Date: _____

Signed: _____
(Headteacher)