



Parental/Head Teacher Agreement for School to administer medicine

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

Name of School/Setting	
Date	
Child's Name	
Class	
Name and 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/setting	
Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parent/guardian	
Name and phone no. of GP	
Agreed review date to be initiated by (name of member of staff)	

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

Parent signature:	
Print name:	Date:



Confirmation of Head Teacher's agreement to administer medicine

It is agreed that will receive every day at

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..... will be given/supervised whilst he/she takes their medication by

.....

This arrangement will continue until

Head Teacher signature:

Print Name:

Date: