

Finchale Primary School

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Childs name	
Class	
Date	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose)	
When to be given	
Any other instructions	
Number of tablets/quantity given to school	

I confirm that I have supplied this medication in the form in which it was supplied to me. Any prescription is clearly marked on the packaging by the pharmacist. I understand that the school will not accept any medications that are in unmarked packages and which do not contain the administration details. I understand that I must have administered the first dose of any new medication to my child before asking school to administer the medication. I understand that I will collect any unused medication from school.

Name and phone no. of GP	
Review date (if applicable)	

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.

Parent's signature _____

Print name _____

Date _____

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