Parent/Carer Agreement for School to Administer Medicine

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

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Tutor Group |  |
| Medical Condition or Illness |  |
| Name and Phone No of GP |  |

|  |  |
| --- | --- |
| Name of Medicine (as described on the container) and quantity |  |
| Dosage and method (e.g 2 tablets to be taken with food) |  |
| Side effects known |  |
| Procedure to take in an emergency |  |

**Who is to be contacted in an emergency? Please give 2 contacts if possible**

|  |  |
| --- | --- |
| Name and relationship to the child |  |
| Telephone No |  |
| Name and relationship to the child |  |
| Telephone No |  |

**I accept that this is a service that the school is not obliged to undertake.**

**I understand that I must notify the school of any changes to my child’s medication in writing**

Name

Signature

Date

Form accepted by

Name

Signature

Date

Please note: this form must be returned to reception by a parent/carer before any medication can be issued in school and it is also your responsibility to ensure that the school is kept informed about changes to your child’s medicines, including how much they take and when. It is your responsibility to provide the school with medication that is clearly labelled and in date.