



All Saints C of E Infant School

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form and only if the school has a policy stating that staff can administer medicine:-

Child's Name _____ DOB _____

Class _____ Medicine Name _____

Expiry Date _____ Dosage Requirements _____

When to be given _____

Any other instructions _____

Daytime phone no. of parent/carer _____

Name & phone no. of GP _____

Agreed review date to be initiated by _____

Note: Medicines must be the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to All Saints Infant School staff to administer 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.

Parents Signature _____ Date _____

Print Name _____

Confirmation by a staff member that information has been received:-

Staff Name _____ Staff Signature _____

Where is medicine being kept _____

Date _____

