Hauxton Primary School

Parental agreement for school to administer medicine

The school will not accept medicines in school or on school visits unless you complete and sign this form.

Date ……. Class ……

Name of pupil ……

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

Medical condition or illness ……

Name of Medicine …….
(As described on the container)

Date dispensed …… Expiry date ……

How much to give ……..

When to be given……..

Does the medication need to be stored in a fridge? **Yes/No (delete as appropriate)**

Are there any side effects that the school needs to know about? ……..

……..

How long do you expect your child to require this medicine? ……

Self administration **Yes/No (delete as appropriate)**

Procedures to take in an emergency ……

……..

Phone number and name of parent or adult contact ……

……..

Doctor's name and phone number ……

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. I understand that I must notify the school of any changes in writing.

Date ……

Signature of Parent/Carer ……

Name of Parent/Carer ……..