



### Parental Agreement for School to Administer Medicine

Frances Olive Anderson CE Primary School will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine – see Supporting Pupils with Medical Needs Policy.

Name of Child	
Date of Birth	/ /
Class	
Medical Condition or Illness	
Name/type of Medicine (As described on the Container)	
Date Dispensed	/ /
Expiry Date	/ /
Agreed Review Date to be Initiated by	Name of Member of Staff
Dosage and Method	
Timing	
Special Precautions	
Are there any Side Effects that the school needs to know about?	
Self-Administration	
Procedures to take in an Emergency	

### Contact Details

Name	
Daytime Tel. No.	
Relationship to Child	

I understand that I must deliver the medicine personally to the school office or my child's teacher.

I understand that I take responsibility for the medicine is in date and that I will provide replacement before the expiry date.

I accept that this is a service that Frances Olive Anderson CE Primary School is not obliged to undertake.

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

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_