

Parental agreement for Henleaze Junior School to administer medicine

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

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine
(as described on the container) _____

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Special precautions _____

Are there any side effects that the
School should know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

PLEASE SEE OVERLEAF.....

I understand that I must deliver the medicine safely to school office

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 _____

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