

St James' C. of E. School

FORM 3B

Parental agreement for school to administer medicine

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

Date.....

Child's name.....

Class.....

Name and strength of medicine.....

Expiry date.....

How much to give (*i.e. dose to be given*).....

When to be given.....

Any other instructions.....

Number of tablets/quantity to be given to school.....

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

Daytime phone no. of parent or adult contact.....

Name and phone no. of GP.....

Agreed review date to be initiated by.....*[Name of member of staff]*

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.

St James' C. of E. School

FORM 4

Head teacher agreement to administer medicine

It is agreed that.....[Name of child] will receive
.....[quantity and name of medicine] every
day at.....[time medicine to be administered e.g. lunchtime or afternoon
break] .

.....[Name of child] will be given/supervised whilst he/she
takes their medication by..... [name of member of staff] .

This arrangement will continue until[either end date of course
of medicine or until instructed by parents] .

Date.....

Signed.....

(The Head teacher/named member of staff)