

Houghton Regis Primary School

Parental Agreement for School to Administer Medicine

All of this form must be completed before we can dispense medication to your child.

Child's Name

Date of Birth

Class/tutor group

Medical Condition or Illness

Name of medicine *(to be in original container with label as dispensed by pharmacy)*

Strength of medicine (if appropriate)

How much to give (i.e.dosage)

Time to be given

Special precautions

Are there any side effects that the school should know about?

Any other instructions (include details for inhalers if any)

Child to self-administer

Yes / No

Parent/Carer contact details:

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine safely to the school office and am responsible for collection of the medicine from school.

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 _____

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

