

Recreation Road Infant School

Parental/Head Teacher Agreement for School to administer medicine

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of School	Recreation Road Infant School	
Date		
Child's Name		
Class		
Name and strength of medicine		Expiry date of medicine:
How much to give (dose to be given)		
When to be given		
Any other instructions		
Number of tablets to be given to school		
Medicines must be in the original container as dispensed by the pharmacy		
Daytime phone no. of parent/carer		
Name and phone no. of Surgery and GP		

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/carer's signature: Print name:	Date:
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Confirmation of Head of School's agreement to administer medicine

It is agreed that the above name child will receive their medicine every day as instructed above.

The above named child will be given their medication by.....

This agreement will continue until (please tick):

- course of medicine is complete
 until instructed by parent/carer

Head of School signature: Print name: D Mattock S Manrique S Brock	Date:
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