

# Parental agreement for school to administer medicine

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

## East Bierley CE (VC) Primary School

Name of child	
Date of birth	
Class	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that school needs to know about?	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy and if appropriate with a measured spoon or oral syringe.**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The school office, or to Mrs Winder if your child attends Breakfast Club.

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 our policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that school staff cannot accept any responsibility for the administration or any subsequent outcomes.

Signed : .....

Date: .....