

# St Peter's RC Primary School



## Form 1

### Parental agreement for school/setting to administer medicine.

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

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine	
Amount given to school	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that school should know of?	
Self administered?	

### Contact Details

Name	
Daytime Tel No	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the school office.

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Form 2

It is agreed that *(Name of Child)* \_\_\_\_\_ will receive

*(quantity and name of medication)* \_\_\_\_\_ every day

at *(time(s) medication to be administered)* \_\_\_\_\_.

*(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 the date of course of medicine or until instructed to by parent/*

*carer)* \_\_\_\_\_.

Date: \_\_\_\_\_

Parents signature: \_\_\_\_\_

Head teacher's signature: \_\_\_\_\_