

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION

Name of child:		
Date of birth:		
Year group:		
Medical condition/illness:		
Medication		
Name/type of medicine: (as described on container)		
Date dispensed:		
Does it need to be refrigerated:		
Expiry date:		
Dosage and method:		
Timing:		
Any special precautions:		
Any known side effects:		
Administration (tick one):	School	Child (supervised)
Procedures to take in case of an emergency:		
Contact details:		
Name:		
Daytime telephone number:		
Relationship to child:		
Address:		

Signed :

Print Name:

Date: