



Trinity CE Primary School, Ford

Parental 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 Child

Date of birth

Year Group

Medical condition or illness

MEDICINE

N.B. Where children are to receive more than one type of medicine, a separate form will need to be completed)

Name of medicine
(As described on the container)

Date Dispensed

Expiry Date

Dosage and method

Timing

Special Precautions

Are there any side effects that the school needs to know about

Self Administration **YES/NO** (delete as appropriate)

Procedure to take in an emergency

CONTACT DETAILS

Name

Daytime contact telephone no

Relationship to child

I understand that I must deliver the medicine personally to the School Office together with this completed form.

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature of Parent/Guardian _____ Date _____

Record of medicine administered to an individual child within school

Date	
Dosage	As per form
Time given	
Staff initials	

Date	
Dosage	As per form
Time given	
Staff initials	

Date	
Dosage	As per form
Time given	
Staff initials	

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Dosage	As per form
Time given	
Staff initials	

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