



**GAMSTON ST PETER'S C OF E PRIMARY
SCHOOL**

Parental Agreement for the School to Administer Medicine

The school will not give your child unless you complete and sign this form.

Medicines must be in the original container as dispensed by the pharmacy.

Administration of Medication form

Name of child:	
Date of birth:	
Year group/class:	
Medical condition/illness:	
Medicine name (as described on container):	
Expiry date:	
Dosage and method:	
Timing:	
Please provide first date and end date of provision of medicine:	
Special precautions/other instructions:	
Any side effects that school needs to know about:	
Self-administration? Yes or No	
Procedures to take in an emergency:	
<u>Your contact details</u>	
Name:	
Daytime telephone number:	
Relationship to child:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for 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 medication, or if the medicine is stopped.

Signed.....

Dated.....