



Parental Agreement to Administer Pupil Medication

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

Name of school	Ford End Church of England 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> <i>Medicines must be in the original container as dispensed by the pharmacy</i>	Name: Type: liquid/tablet/capsule/other:
Expiry date	
Batch number	
Dosage	
Timing	
Special precautions/other instructions <i>(e.g.: before/after food, interaction with other medication, storage instructions)</i>	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

**NB:
Emergency Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address (if different from child's)	
I understand that I must deliver <u>and collect</u> the medicine personally to the School Office	

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 the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.



FORD END CofE PRIMARY SCHOOL



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School Use: Remaining medication returned to responsible adult:

Date	Name of Medication	Staff Signature	Print name	Parent Signature	Print Name