North Worcester Primary Academy

Parental Agreement for School to Administer Medicine

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

Child's name	
Class	
Date of birth	
Medical condition/illness	
Name & phone number of GP	
Name/type of medicine (as described on the container)	
Dosage & method	
Dates medicine to be given	
Are there any side effects that the school should know about?	
Procedures to take in an emergency	

Parental Contact Details:

Name	
Daytime telephone no.	
Relationship to child	
Address	

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 to my child's medication in writing.

Date_____ Signature_____

Please note: It is your responsibility to ensure that the school is kept informed about any changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.

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SCHOOL USE ONLY:

DATE	TIME GIVEN	DOSE GIVEN	STAFF NAME	SIGNATURE

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