



Shute Community Primary School

Parental Agreement for Administration of Medicine in School

Axe Beacon Schools have a policy that staff can administer medicine HOWEVER we will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of birth	
Class Number	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects we need to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the 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.

Signature _____ Date _____

