



Agreement for school to administer medicines form (& record)

Please note that school can only administer medicine if this is a fourth dose. Any other arrangement will be at the discretion of the Headteacher. **NB Medication must be in the original container as dispensed by the pharmacy, non-prescribed medication must also be in the original container.**

| | |
|-------------------------|--|
| Name of child | |
| Date of birth | |
| Group/Class/Form | |

| | |
|--|--|
| Name and strength of medicine | |
| Date medicine provided by parent | |
| Quantity received | |
| Expiry date | |
| Dose & time to be taken | |
| Frequency & duration of administration | |
| Student or Adult to administer | |

I agree consent to school staff administering medicine in accordance with Academy policy. I will inform the Academy immediately in writing, if there is any change to dosage or frequency of time of medication, or if it is to be stopped. I agree to school contacting emergency services should my child require it.

Parent name:

Parent signature:

Staff name:

Staff signature:



