



NEWBOLD SCHOOL

Parental Agreement - Administration of Medicine

Parental agreement for school to administer medicine

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

Name of child _____

Date of birth _____

Year group _____

Medical condition/illness

Medicine

Name/type of Medicine as described on container

Date dispensed _____ Expiry date _____

Dosage and method _____

Timing _____

Special precautions

Are there any side effects the school needs to know about?

Self administration YES/NO delete as appropriate

Procedures to be taken in an emergency

Contact details:

Name _____

Daytime telephone _____

Mobile telephone _____

Relationship to child _____

Address

_____ Post Code

I understand that I must deliver the medicine personally to Mrs Godwin (designated member of staff) and 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 in writing.

Date _____

Signature(s) _____

Relationship to child _____