



Brinsworth Whitehill Primary

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of child

Date of BirthClass

Medicine

Medical condition / illness

.....
.....

Name / Type of Medicine

.....

Date dispensed Expiry date

Dosage and method

.....

Time Special Precautions

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

.....

Self Administration Yes / No (delete as appropriate)

I understand that I must deliver the medicine personal to a member of staff.

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 in writing.

Signature **Date**