

Parental agreement for St Paul's CE Junior School to administer medicine

The school will not give your child prescription medicine unless you complete and sign this form. A separate form is required for each medicine.

Name of child	
Date of birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration Yes/No <i>(delete as appropriate)</i>	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to _____.

I accept that this is a service that the school is not obliged to undertake and that I must notify the school of any changes in writing.

Date: _____

Signature: _____

