

**Form 2: Parental/Headteacher Agreement for School to Supervise your Child taking Medicine**

The school will not supervise your child taking medicine unless you complete and sign this form:

Name of School

Name of Child

Date of birth

Class

Medical condition or illness

**Medicine**

Name/type of medicine  
(as described on the container)

Date dispensed  Expiry date

Dosage and method

Timing  
(include date/time medicine was last administered)

Special precautions

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

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 the school office.

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.

Signed

Date

**Headteacher/SLT:**

It is agreed that [name of learner] ..... will receive  
[quantity or quantity range and name of medicine] .....  
every day at ..... [time medicine to be administered, e.g. lunchtime/afternoon  
break].

[Name of learner] ..... will be given/supervised while  
they take their medication by [name of member of staff] .....

This arrangement will continue until [either end date of course of medicine or until  
instructed by parents/carers] .....

Date

Signed ..... [headteacher/ member of SLT]