

## Medical Form



### **Parental agreement for school/setting to administer medicine**

The School will not give your child medicine unless you complete and sign this form and the School has a policy that staff can administer medicine.

Name of School: **Blaenhonddan Primary**

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Name and strength of medicine: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much to give (*i.e. dose to be given*) \_\_\_\_\_

When to be given: \_\_\_\_\_

Any other instructions: \_\_\_\_\_

Number of tablets/quantity to be given to School \_\_\_\_\_

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact: \_\_\_\_\_

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.**

Parent's signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.

**Head teacher/Office staff agreement to administer medicine as detailed above**

Date: \_\_\_\_\_ Signed \_\_\_\_\_