

**Parental/Head Teacher Agreement for Acle St Edmund C of E Primary
School to administer medicine**

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

Date			
Child's Name			
Class			
Name/type of medicine (as described on the container)			
Expiry date		/ /	
How much to give (dose to be given)			
When to be given			
Reason medication needed			
Are there any side effects that the school needs to know about?			
Self administration	Yes / No	Prescribed by a doctor	Yes / No
Medicines must be in the original container as dispensed by the pharmacy			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I accept that this is a service the schools is not obliged to undertake. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:	Date: / /
Print name:	

Confirmation of Headteacher's agreement to administer medicine

It is agreed that the child named above will receive the stated medicine as above to be administered in accordance with the instruction. The child will be supervised/medicine administered by a member of staff.

Head Teacher signature:	
Print name: Mrs Clarke	

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Any Reactions			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Any Reactions			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time Given			
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