



## Parental agreement for Costock C of E Primary School to administer medicine

Costock C of E Primary School will not give your child medicine unless you complete and sign this form and hand in to the school office.

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 (eg keep in fridge) \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy. School is unable to administer any form of Ibuprofen unless prescribed a Doctor, Nurse Practitioner or Hospital.**

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

Name and phone no. of GP \_\_\_\_\_

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 – to view our school policy regarding medicine please visit the school website or ask at the school office. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine 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.

A record of medicine administered to your child is maintained

