PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Name of School	Trent Young's CE School, Down Lane, Trent, Dorset, DT9 4SW
Date	
Child's Name	
Class	
Name & Strength of Medication	
Expiry Date	
How much to give (dosage)	
When to give	
Any other instructions/side effects	
Quantity of medicine given to school	

Note: Medicines must be given in the original container. The child's name and pharmacists instructions (prescribed dose and when to give the medicine) must be marked on the container.

Daytime phone no of parent/guardian	
Name and phone no. of GP	
Agreed review date to be initiated by if applicable)	**(name of member of staff)**

The above information is to the best of my knowledge accurate at the time of writing and I give consent to the school staff to administer 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 is stopped. It is my responsibility as a parent to ensure that the school holds medication with the expiry date.

Parents signature .....

Print Name .....

Date .....