



LADYBROOK PRIMARY SCHOOL



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Dates: From

To

Child's name:

Year Group:

Name of medicine:

Dose to be given:

When to be given:

Any other instructions:

Daytime phone no. of parent or adult contact:

Note: 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 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