



Parental agreement for school/setting to administer medicine

(DCSF model proforma)

Medicines will be administered at 11.30am.

Name of school: **Norton Community Primary School**

Date:

Name of child: _____

Date of birth:

Class:

Medical condition or illness:

Medicine

Name/type of medicine
(as described on the container)

Expiry date:

When to be given:

Dosage:

Special precautions

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency

Contact Details

Name:

Relationship to child:

Daytime telephone no:

I give consent to school staff administering medicine in accordance with the school/setting policy.

I understand that I must deliver the medicine personally to the office.

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date: _____

Signature _____

Parent/Carer

Headteacher agreement to administer medicine

Name of school: Norton Community Primary School

It is agreed that _____ will receive this medicine at lunch time.

The medicine will be given/supervised by school staff.

This arrangement will continue until *[either end date of course of medicine or until instructed by parents]*

Date: _____

Signature: _____

Headteacher