

Agreement to Administer Medicine

Child's name	
Class	
Date medication provided by parent	
Name of medication	
Dose	
Last dose given at home was at this time:	a.m. /p.m
How often to be given at school	
Time to be given	
How is this given? (spoon/syringe etc)	
(Approx)Amount received	
Expiry date	

I understand that medicines must be delivered by me to office staff. This is a service subject to agreement with the school.

I understand that medicines should be collected at the end of the day from the office.

Parent/ Carer signature ----- Date -----

Staff signature ----- Date -----

Notes:

Medication will not be administered by the establishment unless this authorisation is completed and signed by the parents/ guardians of the pupils.

The Governors and Head Teacher reserve the right to withdraw this service.