



## Crabtree Junior School Parental agreement for school to administer prescribed medicine

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

Child's name.....Class .....

Name and strength of medicine.....

Date dispensed ..... Expiry date .....

Number of tablets/quantity given to school.....

**Note: Medicines must be in the original dispensing container**

Dosage (i.e. how much to given) .....

Timing (i.e. when to be given) .....

Any other instructions (i.e. how many days to be given).....

**All unused medicines to be returned to the Parent/Guardian at the end of the prescribing period**

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

Name and phone no. of GP .....

Agreed review date .....

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

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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/ Guardian Signature.....

Print name.....Date.....

**Headteacher's Authority:** I agree that the above medication can be administered within school hours as detailed above and will be supervised by

..... (Name and post held in school)

Signed.....Date.....

**If more than one medicine is to be given a separate form should be completed for each one.**



**Crabtree Junior School**  
**Record of medicine administered to an individual child**  
 [This page to be printed on reverse of *Parental agreement for school to administer prescribed medicine*]

Name of member of staff receiving medicine .....

Staff signature.....

Signature of parent.....

**Check that details of medicine, dosage and frequency of dose agree with Parental Agreement**

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
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