**HILDENBOROUGH CHURCH OF ENGLAND PRIMARY SCHOOL**

***"I can do all things through Christ who strengthens me", (Philippians 4:13) so that I can be the best that I can be, for myself, for others and for God.***

# Parental agreement for school to administer medicine

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

| | |
|---|---|
| Name of school | |
| Name of child | |
| Date of birth | |
| Year Group | |
| Medical condition or illness | |
| Trigger *(if applicable)* | |

**Medicine**

| | |
|---|---|
| Name/type of medicine<br>*(as described on the container)* | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

| | |
|---|---|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |

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.

Signature: _____ Date: _____