

Mundella Primary School



Parental Agreement for School to Administer Medicine

Child's Name: _____ **Class:** _____

Medicine Name: _____

Dosage/Method: _____

Timing: _____ **Duration:** _____

Staff Use: Prescription Label Medical Leaflet Expiry Date _____

In accordance with the school policy, medicine will not be routinely administered to children without parental consent. Please be aware, schools are busy places and on rare occasions we may omit to give the medication. Please telephone to remind us. If your child is due to go on a school visit, please ensure the class teacher is given the medicine for the day.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school and other authorised members of staff administering medicine in accordance with the school policy. I will inform the school immediately of any changes (such as to dose or frequency, or stopping the medication) in writing. I understand that a non-medical professional will oversee my child's medication. I understand that it is my responsibility to dispose of any unused medicines and ensure medicines provided are within date.

Parent/Carer Signature: _____ **Date:** _____

