



# St Paul's CE Primary School

## Parental agreement for school to administer medicine

Name of school	St Paul's CE Primary School
Name of child	
Date of birth	
Year group	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school 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 number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to:	Miss A Moffitt

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for St Paul's Primary School staff to administering medicine in accordance with the school's 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(s): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Date</b>		<b>Date</b>	
<b>Time</b>		<b>Time</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Staff Signature</b>		<b>Staff Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Time</b>		<b>Time</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Staff Signature</b>		<b>Staff Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Time</b>		<b>Time</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Staff Signature</b>		<b>Staff Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Time</b>		<b>Time</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Staff Signature</b>		<b>Staff Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Time</b>		<b>Time</b>	
<b>Dosage</b>		<b>Dosage</b>	
<b>Staff Signature</b>		<b>Staff Signature</b>	