



# Woodfall Primary and Nursery School

## Parental agreement for the administering of medicine

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

Name of child

Date of birth

Class

Medical condition or illness

### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage

Duration of course - Start

Finish

Time to be administered

Are there any side effects that the school/setting needs to know about?

Self-administration – Y/N

Other instructions

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

### Emergency Contact Details

Name

Daytime telephone no.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must hand this form and the medicine to the school office.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**This form must be retained in the school office**

#### Note to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be the original container as dispensed by the pharmacy.
3. The agreement will be revised on a weekly basis/termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

