

**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 has a policy that staff can administer medicine.

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| --- |
| Name of School |
| Date |
| Child's Name |
| Class |
| Name and strength of medicine |
| Expiry Date |
| How much to give (i.e. dose to be given) |
| When to be given |
| Any other instructions |
| Number of tablets/quantity to be given to school |

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

|  |  |
| --- | --- |
| Daytime Telephone No. of parent or adult contact |   |
| Name and Telephone No. of GP |   |
| Agreed review date to be initiated by School Nurse |   |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Thomas Wolsey School administering medicine in accordance with the Thomas Wolsey 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 medication is stopped.

**Parent Signature** .................................... **Print Name .............................**

**Date** .....................................

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