



Parental Agreement for the School to Administer Medication

The school will not give your child medication unless you complete and sign this form

Student Details

Name of Student:

Date of Birth:

Year Group:

Tutor Group:

Medical Condition / Illness

Medication

Name of medicine:
(as described on container)

Expiry Date:

Dosage, method and timing:
(please outline how the medication
is to be administered and when)

Special precautions / other
instructions / Any side effects
that the school needs to know
about:

Procedures to take in an
emergency:

Contact Details

Name of Parent/Carer:

Daytime telephone number:

NOTE: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY