

**Parental Agreement for St Aidan's C of E Primary School  
to Administer Medicine**



The school will be unable to give your child medicine unless you complete and sign this form. Please complete all the required information. Thank you.

Please note, school staff are only able to administer medicines prescribed by a Doctor/Care at the Chemist.

Name of School	St Aidan's C of E Primary School
Child's Name	
Child's Date of Birth	
Class	
Name and strength of Medicine	
Expiry Date	
How much to give (ie dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	
<b><i>Note: Medicines must be in the original container as dispensed by the pharmacy.</i></b>	
Daytime telephone number of parent/adult contact	
Name and telephone number of GP	
Agreed review date to be initiated by	

The above information is to the best of my knowledge accurate at the time of writing and I give consent to the school staff administering the medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medicine or if the medicine is stopped. I understand that school staff will administer the medicine in accordance to my instructions shown above, and understand that the school cannot be responsible for any adverse reaction.

Parent's Signature: .....

Print Name: .....

Date: .....

Name of person who will administer medicine .....

Head Teacher's signature .....