



Barrowby Church of England Primary School

Parental agreement for medication to be administered to a child at school

Name of child _____

Date of birth _____

Medical condition or illness:

Medication

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

It is the responsibility of parent/s guardian/s to ensure that medication is in date, and to collect/replace as necessary.

Dosage and method _____

Specific time to be administered _____

Special precautions _____

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

Procedures to take in an emergency:

Details of Parent/Guardian giving permission medication to be administered in school:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

- I give permission for a member of school staff to administer medication to my child in accordance with the details provided above.
- I understand that I must deliver the medication personally to the school office (not via child – please note that medication **must not** be brought to school by a child or in a child's bag).
- I understand that I must notify the school of any changes in writing.

Signed _____ Date _____

Headteacher's Permission given: Signed _____ Date _____

Office Use:

To be administered fromuntil.....

To be administered by (staff name)

Location of medication in school.....