**Parental agreement for the administration of medicines**

 **Frittenden CEP School**

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

Date:

Childs name:

Age:

DOB:

Yr. Group & Class:

Condition / Illness:

Name and Strength of Medicine:

Where Medicine Kept:

Expiry date:

How much (dose) to give:

When to give it :

Number of tablets given to school:

**Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE**

**PHARMACIST.**

Daytime contact number of parent or adult contact:

Name and contact number of GP:

Agreed review date:

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the 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.

Parent/Guardian signature:

Print name:

Date :