



## Newlands CofE School Federation

### Parental Agreement for School to Administer Medicine



Name of Child:	
Child's Class:	
Name of Medicine:	
Illness:	
Frequency/time of day to be taken:	
Dosage:	
When is last dose to be given? State date or duration	
Does this medication need to be stored in the fridge?	YES / NO
Expiry date of medicine	
Is this medication being taken home at the end of each day, or being kept at school?  <i>(If medication is to be taken home, it is the parent's responsibility to collect it from the school office at the end of the school day.)</i>	HOME / SCHOOL
Daytime phone no of Parent/Carer:	
Any other instructions:	

**PLEASE NOTE THAT MEDICINES MUST BE IN THEIR ORIGINAL LABELLED CONTAINER.**

If the medicine is not prescribed, by signing this document you are confirming that you have given this medication before and that your child suffers no side effects.

By signing below, you are also confirming that all the information on this form is accurate to the best of your knowledge and you give permission to school staff to administer this medicine in accordance with the school's policy and the information given here.

Please inform the school immediately if there is any change in dosage or duration of the medicine administration.

The empty/completed or expired medication will be returned to you to dispose of.

Signature of Parent/Carer:	
Date:	