



Appendix C: Parental agreement for the school to administer medicine (long term)

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

NOTE: Medicines must be in the original container as dispensed by the pharmacy. If more than one medicine is to be given a separate form should be completed for each medicine.

Date for review to be initiated by	
Name of school	Hockliffe Lower School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The Headteacher or Class teacher

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering 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 medication or if the medicine is stopped.

Signature(s) _____

Date _____

Please Note:- This form will be shredded at the end of the academic year.