



Appendix D: Parental Agreement for the school to administer medicine (short term)

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.

Name of school	Hockliffe Lower School
Name of child	
Date medicine provided by parent	
Class	
Medical condition/illness	
Quantity received	
Name and strength of medicine	
Expiry date	
Dosage & method	
Time medicine to be given	
Known side effects	
Special procedures/ Instructions	

Staff signature _____

Signature of parent _____ Daytime Tel No. _____

Name of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Please Note:- Following completion of this course of medicine this form will be shredded after 4 weeks.