



Administration of Medicine

Parent/Carer agreement for school to administer medicine

Please complete and return this form to the school office if your child requires prescribed medication throughout the school day.

Name of child

Date of birth

Class / Year Group

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing

Any other instructions

Contact Details

Phone no. of parent or
adult contact

Name and phone no. of GP

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 procedures. 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.

Parent's Signature

Print name

Date

If more than one medicine is to be given a separate form should be completed for each one.

Record of medicine given

[illegible]