



Dear Parents

Parental agreement for school to administer medicine

If your child has prescribed medicine that needs to be administered more than three times a day, please complete the following. The school cannot give your child medicine unless you complete and sign this form. The school has a policy that named staff can administer medicine.

Name of Child: _____ DOB: _____

Medical condition/illness: _____

Name of Medicine (on container): _____

Date dispensed: _____ Expiry date: _____

Date medicines should cease to be administered: _____

Dosage, method & timing: _____

Any special precautions/side effects: _____

Procedure to take in an Emergency: _____

I understand that I must deliver the medicine personally to the office or Mrs Mallabar and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____ Emergency contact Tel no: _____

Signature: _____ Relationship to child: _____

Whaddon Church of England first school, Whaddon, Milton Keynes, MK17 0LS

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Stated dosage, method & timing and dates medicines should begin and cease to be administered must be adhered to as stated on parental consent form overleaf.

[illegible]