# Parental Agreement to Administer Medicine The John Moore Primary School

Please complete and sign this form so medication can be administered in school

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Address |  | | | |
| Class |  | | | |
| Medical condition or illness |  | | | |
| Any Known Allergies |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage and Timing: |  | | | |
| Start Date – Finish Date |  | | | |
| Special precautions/other instructions |  | | | |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**  **Contact Details** | | | | |
| Parent/Carer name |  | | | |
| Daytime telephone no. |  | | | |
| Relationship to child |  | | | |
| Name of GP |  | | | |
| GP Telephone no. |  | | | |

I give consent for school staff to administer the medication in accordance with the school and LA guidance. I will inform the school immediately if there is any change in dosage or frequency of the medication. I give consent for appropriate medical attention to be sought as required in an emergency.

Parent/Carer Signature ……………………………………………………………………………………………

Date ………………………………………………………………………….....