# 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 ………………………………………………………………………….....