**ALL SAINTS C.E. (V.C.) FIRST SCHOOL & BUSY BEES PRE-SCHOOL**

**Parental Agreement for School/Setting to Administer Medicine**

Dear Headteacher,

I request that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full name of Pupil) be given the following medicine(s) while at school:

|  |  |
| --- | --- |
| Date  |  |
| Child’s Name |  |
| Class |  |
| Daytime contact number of parent |  |
| Name of Medicine |  |
| Expiry Date |  |
| Dose to be given |  |
| Time(s) of day to be given |  |
| Duration of course |  |
|  |  |

Any other instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:**

**Medicines must be in the original container as dispensed by the pharmacy**

**The school/setting will not give your child medicine unless you complete and sign this form.**

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

**The Governors and Headteacher reserve the right to withdraw this service.**