



To believe, to achieve, to succeed – together

Parental agreement to administer prescribed medicines

The school will not give your child prescribed medicine unless you complete and sign this form, and the school has a policy that the first aid trained staff can administer medicine.

Name of school/setting	Croughton All Saints CofE Primary School
Date	/ /
Child's name	
Class	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantities to be given to school	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime 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 Croughton All Saints staff administering medicine in accordance with the school policy. 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.