

Medical Form 2

Parental agreement for school/setting to administer medicine

The School will not give your child medicine unless you complete and sign this form and the School has a policy that staff can administer medicine.

Name of School: Rigby Hall School

Date: _____

Child's name: _____

Class: _____

Name and strength of medicine: _____

Expiry date: _____

How much to give (*i.e. dose to be given*) _____

When to be given: _____

Any other instructions: _____

Number of tablets/quantity 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: _____

Agreed review date to be initiated by: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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.

Head teacher agreement to administer medicine as detailed above

Date: _____ Signed: _____