

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE.

Class:
Name, dosage, possible side effects if known)
ool to administer the above medicine. I will inform school any change in dosage or frequency or if the medication is to
Class: (Name, dosage, possible side effects if known) ool to administer the above medicine. I will inform school

Only medication prescribed by a doctor / dentist will be administered by school.

Medication must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Only medication where the dosage requirements cannot be met at home e.g four times a day or required at specific times of the day will be administered by school.

Record of medication administered

Date	Time	Dose given	Member of staff