

St Andrew's CE (VA) Infant School
Parental agreement for school to administer medicine



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

Name of Child:	DOB:
Class:	

My child, named above requires medication for the treatment of: And needs to take part of this medication whilst at school. The medication has been prescribed 4 times per day by a doctor/dentist or prescribing nurse, and is in the original container that it was dispensed in. It has clearly written instructions on it.

Medicine:
Date dispensed:
Expiry date:

Dosage and method:
Timing:
Special Precautions/storage:
Are there any side effects that the school needs to know about?

<u>Contact Details</u>	
Name:	Daytime
Telephone No:	

I authorise the Head of School, Mrs J Swallow, or her delegated staff members to administer the above medication to my child whilst he/she is at school and accept that this is a service that the school/setting is not obliged to undertake.

I accept that I will not hold the school or its staff liable for any injury or death arising to my child from the correct administration of the medication as I have directed.

Signed parent/carer:	Date:
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I agree to give medication according to the above details and understand that I will not be held liable by the child's parent/carer in the event of injury/death occurring due to this action.

Signed (Head of School /delegated staff member):	Date:
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