

Ellingham Primary School

Parental Agreement for School to Administer Medicine

Please ask for a copy of the school's medicine policy. The school will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of Birth	
Class/form	
Medical Condition	

Medicine	
Name/type of Medicine	
Date Dispensed	
Expiry Date	
Agreed review date	
Dosage and method	
Time	
Special precautions	
Possible side effects	
Emergency procedures	

Contact Details	
Name	
Daytime Telephone	
Relationship to pupil	
Address	
Medicines will be delivered to (named member of staff)	

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date/...../..... Name..... Signature.....