



Burton Green Church of England Primary School

Agreement for School Administration of Medicine

All medicines must be in the original container as dispensed by the pharmacy and be clearly labelled with your child's name.

Forename: _____

Surname: _____

Date: _____

Class: _____

Name and strength of medicine:

Doctor's name and phone number:

Instructions for taking the medicine in school *(include dose, the time to be given and other):*

Time period the medicine will be taken for:

Your daytime phone number (or adult contact):

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 if there is any change in dosage or frequency of the medication.

Parent's name:

Parent's signature:

Date:

School Agreement

It is agreed that the above named child will receive the named medicine in accordance to the instructions given by their parents. The child will be supervised by a member of staff who has agreed to do so.

Authorising name:

Authorising signature:

Date: