



Parental Agreement for The Lea Primary School to administer medicine

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

Name of child _____ **Class** _____

Medicine

Name/type of medicine
(as described on the container) _____

Date dispensed _____

Expiry date _____

How much to give _____

When to be given _____

Are there any side effects that the school needs to know about? _____

Self administration **Yes/No** *(delete as appropriate)*

Contact Details

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

I accept that this is a service that the school is not obliged to undertake and will accept the school's decision if at any time it decides it is unable or unwilling to continue to administer medicine to my child.

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.

In the event of an emergency, I agree to the school using their emergency inhaler (this is only applicable for pupils who have an inhaler prescription in school)

All medication will be returned at the end of the school year.

Date _____

Signature _____

