



# Knebworth Primary & Nursery School

## Parental agreement for school/setting to administer medicine

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

### Pupil Details

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Class \_\_\_\_\_

Address \_\_\_\_\_

Condition of illness \_\_\_\_\_

### Medication details

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose and when to be given \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_

Number of tablets/quantity to be given to school \_\_\_\_\_

Duration of medication \_\_\_\_\_

Self administration **Y/N** \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

### Contact Details

Name \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone no. \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

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, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_  
Date \_\_\_\_\_

Print Name: \_\_\_\_\_



If more than one medicine is to be given a separate form should be completed for each one.