



**Parental/Headteacher Agreement for School to administer medicine
Form F624b**

The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of School	
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry Date	
How much to give (dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	
Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parents or adult contact	
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: Print name:	Date:
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Confirmation of Headteacher's agreement to administer medicine

It is agreed thatwill
receive.....(name and quantity of medicine) every day
at.....(time)
.....(child's name) will be given/supervised whilst he/she takes their
medication by.....(staff member)
this agreement will continue until.....(either
end date of course of medicine or until instructed by parents)

Headteacher's signature:

Date:

Print name: