

Parental Agreement Form



The Federation of Spixworth Schools Medication Administration Form

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

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Name/type of medication as described on the container:	
Date prescribed:	Expiry date:
Course length:	
Dosage:	
Method:	
Timing:	
Special instructions:	
Are there any side effects that the school needs to know about?	

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 Federation policy. I will inform the school immediately, in writing, if there is any change in the above given information

Parent/Carer signature: Print name:

Date:

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Confirmation of SLT Agreement to Administer Medicine

It is agreed that the information on this form will be adhered to

SLT name:	
SLT position:	
SLT signature:	
Date:	

Any notes or observations after medication has been administered

Name and signature of staff member recording any notes

Any notes communicated to parent/carers (method and time):