

## Administration of Medicines Consent Form



This is the parental agreement for Great Chesterford C of E Primary Academy to administer medicine. The school will not give your child medicine unless you complete and sign this form.

Date: \_\_\_\_\_

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

Class: \_\_\_\_\_

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

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

How much to give ( i.e. dose to be given): \_\_\_\_\_

When to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Any other instructions (please include if this is an isolated requirement or if it is part of a course of treatment, e.g. 7 days):

\_\_\_\_\_

\_\_\_\_\_

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

Daytime phone no. of parent 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 Great Chesterford C of E Primary Academy staff administering medicine in accordance with the school's 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 prior to the course being completed.

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

Print name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.  
This information will be retained by the school as part of our safeguarding and duty of care.