



Parental / Headteacher Agreement for School / Setting to administer medicine

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

Name of School / Setting	Reedham Primary and Nursery School
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date of medicine	
Dosage (how much to be given)	
When to be given	
Any other instructions	
Total amount of medicine provided to the school	

Medicines must be in the original container as dispensed by the pharmacy

Daytime phone number of parent or adult contact	
Name and phone number of GP	
Agreed review date; to be initiated by [name of staff member]	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff administering medicine in accordance with the school / setting policy. I will inform the school / setting immediately, in writing, if there is any change in dosage or frequency of the medication or if it is stopped.

Parent's Signature:	Date:
Print Name:	



Confirmation of Headteacher's agreement to administer medicine

It is agreed that:

_____ [name of child]

will receive:

_____ [quantity and name of medicine]

every day at:

_____ [time medicine to be administered e.g. lunchtime or afternoon break]

They will be given / supervised whilst he / she takes their medication by:

_____ [name of member of staff]

This arrangement will continue until: _____

[either end date of course of medicine or until instructed by parents]

Headteacher signature:

Date:

Print Name:



Norfolk County Council