



# Bicton C.E. Primary School

## Parental Agreement for school to Administer Medicine.



We are **NOT** permitted to administer any medication to your child without the completion and signing of this form.

Name of Child:	Date of Birth:	Class:
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Date:	Short term medication:	Long term medication:
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Medical Condition/ illness:	
Name/type of medication:	
Dosage and method:	
Time/s medication is to be administered through school day:	
Length of medication course/ finish date:	
Any side affects that we need to be aware of?	
Procedure in case of Emergency:	
Emergency contact details 1. Relationship to child:	H W M
Emergency contact details 2. Relationship to child:	H W M
G P contact details:	Name Of Practice: <span style="float: right;">G P Name:</span> Telephone number:

Form completed by:

Name:	Signature:	Relationship to child:	Date:
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I accept that this is a service that the school is not obliged to undertake.

It is your responsibility to ensure that you inform school of any changes to your child's medication, including how much they take and when. It is also your responsibility to ensure all medication is clearly labelled and in date.

Form checked by: Name: Signature: Date: