



Parental agreement for Thomas A Becket Junior School to administer medicine

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

Date for review to be initiated by	Clare Gatenby – Welfare Assistant
Name of school	Thomas A Becket Junior School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine (ANTI-BIOTICS ONLY)

Name/type of medicine <i>(as described on the container)</i>	<i>NB: Medicines must be in the original container as dispensed by the pharmacy and administered FOUR times a day.</i>
Expiry date of medicine	
Dosage and method	3 / 5 / 7 / 10 / 14 days -
Timing (what time to be taken)	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Has there been any adverse reaction to this drug in the past?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 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.

Signature(s) _____ Date _____
 Print Name _____ Relationship to Child: _____

Please note: If more than one medicine is to be given a separate form should be completed.