



Parental agreement for Friar's Grove Primary School to administer medicine

Friar's Grove Primary School will not give your child medicine unless you complete and sign this form.

Pupil's Full Name _____ Class _____

Date of Birth _____

Medical Condition or illness _____

Medicine

NB: Medicines must be prescribed for your child, by a doctor, and be clearly labelled with the pharmacy label showing your child's name and the relevant dosage instructions.

Name/type of medicine _____

Date Dispensed _____

Expiry Date _____

Dosage _____

Timing _____

Self-administration – y/n _____

Special precautions / other instructions _____

Are there any side effects that the school needs to know about? _____

Procedures to take in an emergency _____

Contact details

Name _____

Daytime telephone number _____

Relationship to pupil _____

- I understand that an adult must deliver the medicine to the school office
- 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. I will inform the school immediately, in writing, if there is any change to dosage or frequency.

Signature _____ Date _____

OFFICIAL SENSITIVE

Friar's Grove Primary School complies with information legislation. For the full details on how we use your personal information please visit: friarsgroveprimaryschool.com/privacy-notice or call 01206 843683 if you are unable to access the internet.