

# Elm Court School



## Parental Agreement for Elm Court School to Administer Medicine

**Elm Court School will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.**

Name of School **Elm Court School**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

1:  
Name and strength of medicine \_\_\_\_\_

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

How much to give (i.e. dose to be given) and **time** to be given  
2: \_\_\_\_\_

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

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

How much to give (i.e. dose to be given) and **time** to be given  
3: \_\_\_\_\_

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

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

How much to give (i.e. dose to be given) and **time** to be given  
\_\_\_\_\_

Any other instructions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of tablets/quantity to be given to school \_\_\_\_\_

**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

\_\_\_\_\_

Agreed review date to be initiated by  
*[name of 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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medicine is stopped.**

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_