

Tewin Cowper C of E Primary School Cannons Meadow Tewin AL6 OJU Tel: (01438) 717378

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Miss K. Fairhall, Headteacher

Parental Agreement for Administering Medicine.

The school/setting 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	bv
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Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine (as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration - y/n

Procedures to take in an emergency

NB: Medicines must be in the original container a	as dispensed by the pharmacy
Contact Details	

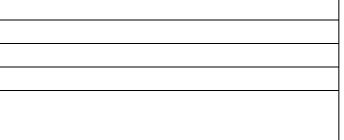
Name

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/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 the medicine is stopped.

Signature(s)

Date_









