Saint Cecilia's
Church of England School

"Glorifying God through outstanding, enjoyable education"

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Child's Name: _____

Mentor Group: _____

Name and strength of medicine: _____

Expiry date: _____

Dose to be given: _____

When to be given: _____

Any other instructions: _____

_____

Number of tablets/quantity to be given to school: _____

Medicines must be in the original container as dispensed by the pharmacy

Daytime phone number of parent or adult contact: _____

_____

Name of child's GP: _____

Telephone number of GP: _____

I give consent for the school staff to administer the above medicine in accordance with the instructions given. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

I agree that my child will be responsible for ensuring he/she is available (in Reception unless stated otherwise) at the correct time(s) when the medication is to be administered.

Once the course of treatment is finished: *(please tick as appropriate)*

I will arrange for any surplus medication to be collected ☐

I give permission for the school to dispose of any surplus ☐

Parent/carer signature: _____

Print name: _____

Date: _____