



Parental agreement for school to administer medicine

Luddenham School will not give your child medicine unless you complete and sign this form.

The school has a policy that staff can administer medicine.

Name of Child:

Date of Birth:

Year Group:

Medical condition/illness:

Medicine

Name/Type of Medicine:
(as described on the container)

Where Medicine Kept:

Expiry Date:

Dosage and method:

Day(s) to be given:

Time to be given:

Special Precautions:

Side Effects:

Self Administration:

Daytime phone no. of parent
or adult contact:

I understand that I must deliver the medicine personally to the school office.

I understand that I must notify the school of any changes in writing.

Date:

Signed:

Relationship to child: