



Walpole Cross Keys Primary School

Parental agreement for setting to administer medicine

The school will not give your child medicine unless it has been prescribed by a doctor and you have completed and signed this form, and the school or setting has a policy that staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Walpole Cross Keys Primary School
Name of child	
Date of birth	
Year Group	
Medical Condition or illness	

Medicine

Name/type of medicine (as described on container)	
Expiry Date	
Dosage and method	
Timing	
Special Precautions/other instructions	
Self administration	Yes / No (delete as appropriate)
Procedures to take in an emergency	

Contact details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	School office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature (s) _____

Date _____