



Parent / School Agreement for School to Administer Medicine

In line with the Ox Close Primary School Policy for the Administration of Medicines, this form may only be completed after the Headteacher has agreed to administer medication. Medication will be administered by Mrs. Shepherd, Mrs. Franklin and Mrs. Dixon.

Pupil Details:

Name of Child:	Date of Birth:
Class:	Year Group:
Medical Condition / Illness:	

Medicine:

Name / Type of Medicine:	
Date dispensed:	Expiry date:
Agreed date to administer medication from and to:	
Dosage and method:	
Time to be administered:	
Any special precautions:	
Any known side effects:	
Self administration: Yes / No * delete as appropriate	
Procedures to take in an emergency:	

Contact Details:

Name:	Telephone Number:
Relationship to child:	
Address:	

- I understand that I must deliver and collect the medicine personally to and from school each day.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing.

Signed:

Adult (with Parental Responsibility) completing form: _____

Headteacher: _____ Date: _____