SANDGATE PRIMARY SCHOOL

PARENT/CARER AGREEMENT FOR SCHOOL STAFF TO ADMINISTER MEDICINE

Child's Name		**Class**	
Name & strength of medicine		**Expiry Date**	
Time(s)/ frequency to be given			
Method of Administration			
Any known side effects			

Medicine should be kept in refrigerator: Yes [ ] No [ ]

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

Name and contact number of parent/carer	
Name and phone no. of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer 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 medication is no longer required.

It is the responsibility of the parent/carer to collect the medicine from either the School Office or directly from the Class Teacher/Teaching Assistant. Medicine will not be given to the child to take home.

Signed:_____ **Date** _____

Parent/Carer

Date, time & signature of member of staff administering medicine:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY