



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form

Name of Child:

Class:

Medical condition/illness:

Medicine

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

Dosage and method:

Timing:

Dates to administer: From:

To:

Are there any side effects that the school needs to know about?

.....

I understand that I must deliver the medicine personally, either to the class teacher at the beginning or end of the school day or to Reception, and I understand that I must notify the school/setting of any changes in writing.

Date:

Name:

Signature:

Relationship to child:

PLEASE NOTE: The school will endeavour to administer medicine at a specific time but does not guarantee to be able to do this, if the timing of medicine is critical, then parents/guardians must come to school and administer medicine themselves.

Love learning, work together, **achieve** and shine.

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