



Kirk Merrington Primary School

Parent/School Agreement for School to Administer Medicine

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

Name of child:

Date of Birth:

Group/class, form:

Medical condition or illness:

MEDICINE

Name/type of medicine:
(As prescribed by a doctor)

Dose and method:

Time to be administered:

Special precautions:

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

Self administration? Yes No *delete as appropriate

CONTACT DETAILS

Name:

Daytime telephone no:

Relationship to child:

- I understand that I must deliver and collect the medicine personally to and from the 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) complete form

Date:

Date	Dosage	Initials	Date	Dosage	Initials