

**Annex 2 Parental/School agreement to administer medicine**  
**The school will not give your child medicine unless you complete and sign this form.**

Name of School: <b>St. Monica's Catholic Primary School</b>	
Child's Name:	Class:
Date:	Agreed review date/end date for administering medicine:
Name and strength of medicine:	
Expiry date:	Number of tablets/quantity to be given to school:
How much to give: ( i.e. dose to be given)	
When to be given:	
Any other instructions:	

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

**CONTACT INFORMATION**

<b>Family contact 1</b>	<b>Family contact 2</b>	<b>GP</b>
Name:	Name:	Name:
Relationship:	Relationship:	
Phone No. (work)	Phone No. (work)	Phone No:
(home)	(home)	
(mobile)	(mobile)	

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/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:	
Print Name:	

**If more than one medicine is to be given a separate form should be completed for each one. Fill out all details.**

A copy may be given to health care professionals or used in emergency situations.

**Confirmation of the School's agreement to administer medicine:** School to complete

It is agreed that \_\_\_\_\_ [name of child] will receive the above named medicine in the dose and at the times stated above.

They will be given/supervised whilst he/she takes their medication by

\_\_\_\_\_ [name of member of staff].

This arrangement will continue until \_\_\_\_\_ [review/end date stated above]

Signed:	Print Name:
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Date: