PUDDLETOWN CE VC FIRST SCHOOL

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Puddletown First School as a Medicine Policy that states staff cannot administer any medicine to your child unless this form is signed by a parent/carer.

Name of Child: ……..

Class/Teacher: …….

Medical condition/Illness: ……

MEDICINE

Name of medicine: ……...……

Dosage and method: ……

Are there any side effects that we should know about? Yes/No

……..

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: ……. Date: …….

MEMBER OF STAFF PLEASE COMPLETE:

DATE	TIME	STAFF INITIALS