

**Parental agreement for the school to administer medicine**

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

**Cirencester Deer Park School: Medicine Administering Form**

Date for review to be initiated by

--

Name of child

--

Date of birth

--

Tutor group

--

Medical condition or illness

--

**Medicine**

Name/type of medicine  
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

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Special precautions/other  
instructions

--

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

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Self-administration – y/n

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Other relevant information

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

**Contact Details**

Name

--

Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the  
medicine personally to

Welfare Office
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting 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.

Signature(s): ..... Date: .....