

## 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

--

Special precautions/other  
instructions

--

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

--

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

--

Address

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I understand that I must deliver the  
medicine personally to;

Welfare Office, Art Block
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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: .....