**Parental agreement for St Hilary School to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|  |  |
| --- | --- |
| Name of school/setting | ST HILARY SCHOOL |
| Date |  |
| Child’s name |  |
| Class |  |
| Name and strength of medicine |  |
| Expiry date |  |
| How much to give (i.e. dose to be given) |  |
| When to be given |  |
| Any other instructions |  |
| Number of tablets/quantity to be given to school |  |

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

|  |  |
| --- | --- |
| Daytime phone number of parent or adult contact |  |
| Name and phone number of GP |  |
| Agreed review date to be initiated by |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to St Hilary School 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.

Parent’s signature…………………………………………………………………

Print name…………………………………………………………………………….

Date…………………………………………..

If more than one medicine is to be given a separate form should be completed for each one.