

**Parental/Head Teacher Agreement for School/Setting to administer
medicine
Form F624b**

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

Name of School/Setting	Stoke Holy Cross Primary
Date	
Child's Name	
Group/Class/Form	
Name and strength of medicine	
Expiry date	/ /
How much to give (dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	
Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by [name of member of staff]:	/ /

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.

Parent's signature:	Date: / /
Print name:	

Confirmation of Headteacher's agreement to administer medicine

It is agreed that _____ [name of child] will receive
_____ [quantity and name of medicine] every day at
_____ [time medicine to be administered e.g. Lunchtime or
afternoon break].

_____ [name of child] will be given/supervised whilst
he/she takes their medication by _____ [name of member
of staff].

This arrangement will continue until _____ [either end date of
course of medicine or until instructed by parents].

Head Teacher signature:

Print name: Mrs Sue Simmonds

Date: / /