



Mercenfeld Primary School

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PARENTAL AGREEMENT TO ADMINISTER MEDICINE

Date for review to be initiated by

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Name of Academy/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

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

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

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

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Self-administration – y/n

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Procedures to take in an emergency

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver and collect the medicine personally to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy/setting staff administering medicine in accordance with the Academy/setting policy. I will inform the Academy/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: _____

Print name: _____