

Parental Agreement Form for Howbridge Infant School to Administer Medication



The Howbridge Infant School will not give you child medicine unless you complete and sign this form. Once authorised, Howbridge Infant School staff can administer medication on the parents/guardians behalf.

Name of School	Howbridge Infant School
Name of Child	
Date of Birth	/ /
Class Number	
Medical Condition or Illness	
Medicine	
Name/Type of Medicine	
Date Dispensed	/ /
Expiry Date	/ /
Agreed review date to be initiated by	Mrs Tracy Adair
Dosage and Method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime Telephone No	
Relationship to Child	
Address	
I understand that I must deliver the medicine personally to	Mrs Tracy Adair or a member of staff in the school office

I accept that this is a service that Howbridge Infant School is not obliged to undertake.

I understand that I must notify Howbridge Infant School of any changes in writing.

Date:Signature: