

Easthampstead Park Community School



Parental Agreement for the School to Administer Medicine

(The school will not give your child medicine unless you complete and sign this form)

Administration of medication form

Name of child:	<input type="text"/>
Date of birth:	<input type="text"/>
Year Group:	<input type="text"/>
Tutor Group:	<input type="text"/>
Medical condition / illness:	<input type="text"/>

Medicine

Name of medicine: (as described on container)	<input type="text"/>
Expiry date:	<input type="text"/>
Dosage and method:	<input type="text"/>
Timing:	<input type="text"/>
Special precautions / other instructions:	<input type="text"/>
Any side effects that the school needs to know about:	<input type="text"/>
Self-administration - Y/N:	<input type="text"/>
Procedures to take in an emergency:	<input type="text"/>

NOTE: ALL MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

Contact Details

Name:	<input type="text"/>
Daytime telephone number:	<input type="text"/>