



Amberley Primary School
Agreement to Administer Medicine

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

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

Name of child

Date of birth

Class

Medicine

Name/type of medicine

(as detailed on the pharmacy container)

Amount of tablets / medication received

Expiry date

Dosage

Timing

Special instructions

Any side effects of medication

Self-administration – Y/N

Procedures to take in an emergency

Contact Details

Name

Daytime Telephone Number

Relationship to child

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.

Signature of Parent / Carer

Date

Signature of Admin Staff

Date