



CHRIST THE KING CATHOLIC PRIMARY SCHOOL PARENTAL AGREEMENT FORM ADMINISTER OF MEDICATION

Parental agreement for school to administer medicine.

The school will not give your child medicine unless it has been prescribed by a doctor you complete and sign this form;

CHILDS DETAILS

Name of Child

Date of Birth

Year Group / Class

Medical condition or illness

MEDICINE

Name/Type of medicine
(as described on container)

Date dispensed

Dosage

Timing

Special Precautions

Any side effects school/TEDS
should know about

CONTACT DETAILS

Parent/Carers Name

Daytime Telephone Number

Relationship to the Child

Address

I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.
I understand that medication must be delivery and collected by an adult.

Signed:		Date:	
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