



CHRIST THE KING CATHOLIC PRIMARY SCHOOL

PARENTAL AGREEMENT FORM ADMINISTER OF MEDICATION

As non-medical staff, the school will not give your child medicine unless it has been prescribed by a doctor and has your child's correct details on the label (only these instructions will be followed for administering). A completed and signed form must also be provided.

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 (As labelled)

Timing

Special Precautions

Any side effects school
should know about

CONTACT DETAILS

Parent/Carers Name

Daytime Telephone Number

Relationship to the Child

***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 delivered and collected by an adult from the school office unless otherwise advised.**

| | | | |
|---------|--|-------|--|
| Signed: | | Date: | |
|---------|--|-------|--|

