



HUCKNALL NATIONAL CHURCH OF
ENGLAND PRIMARY SCHOOL

**Parental agreement for school to administer
medicine**

My child and class.....requires the following dose of medication to be administered within school.

Time of day to Be given.	Dosage	Name of medicine.	Method of Administration.	Illness.	Last day To be given.	Expiry date Of Meds

Other relevant information:

I give consent for a member of staff to administer the above medicine/drugs. I understand that the same member of staff may not be available at all times and that the medicine may be administered by different members of staff. I also acknowledge that any staff involved in the administration of medicines are not qualified medical practioners.

I Understand that the staff in school will take reasonable care in the administration of medicines in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

The above information is, to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine. I will inform the school immediately, if there is any change in dosage or frequency or if the medicine is stopped.

Signed.....

Print name.....

Date.....

