Holy Trinity CE Primary School
Northwood

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Headteacher: Mrs Clare Rodenas

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete this form.

Name of child: …….. Class/Year: ……

My child is suffering from…….. and requires the following medication to be administered;

Name of medication: ……

Dosage to be taken…… Length of treatment……

Time(s) to be taken…… medication was last given at home at…….

Before food: ☐ After food ☐

I give permission to administer the above: ☐

I confirm the medication has not reached it expiry date: ☐

I take responsibility for the effects of this medication: ☐

I take responsibility to ensure that the medication will be collected at home time: ☐

My child will be attending the After School Club: ☐

Signed:…… Print Name:……

Relationship to child:……

Emergency contact number:…… Date: ……

Administration of medicine: check the correct dosage

Date and Time	Side effects	Given by:

Continuation sheet for medication.		
Administration of medicine: check the correct dosage		
Name of Child:		
Date and Time	Side effects	Given by