



**Weston CofE (VC) Primary & Nursery
School**

A Community, Learning and Growing

Head Teacher
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Parental agreement for school/setting to administer medicine

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

Date

Child's Name

Date of Birth

Group/Class/Form Name

Medical condition/illness

Medicine

Name/Type of medicine (as described on the container)

Date dispensed

Expiry date

How much to give (i.e. dose to be given)

When to be given

Special precautions

Are there any side effects that the school need to know about

.....
.....

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact

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.

Parent's signature: Print Name:

If more than one medicine is to be given, a separate form should be completed for each one.

Ofsted Inspection 2023 –

**'Weston Primary & Nursery School continues to be a good school.'
'Pupils are kind, confident and enjoy their learning.'**

