



Parental agreement for school to administer medicine

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

Name of School Ysgol Tycroes

Name of Child:

Date of Birth:

Class:

Medical condition/illness:

Medicine

Name/Type of Medicine (as described on
the container):

Date dispensed:

Expiry date:

Agreed review date to be initiated by
Headteacher (if applicable):

Dosage and method:

Timing:

Special Precautions:

Are there any side effects that the
school/setting needs to know about?

Self-Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to a senior member of staff, and 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.

Date:

Signature(s):

Relationship to child:
