



LADBROOKE JMI SCHOOL



Parental agreement for school/setting to administer medicine

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

Child's Details

Name of Child:			
Date of Birth:		Class:	
Medical condition/illness:			

Medicine Information

Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self Administration:	

Parental Contact Details

Name:	
Daytime Telephone No:	
Relationship to Child:	

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school/setting is not obliged to undertake. Medicines must be prescribed by a health professional and in their original packaging.

I understand that I must notify the school/setting of any changes in writing.

Signature:		Date	
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School's Agreement

As a school we agree to administer the medication outlined above

Signature:		Date	
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GDPR: The information provided will be used for the administration of medication. It will be held in the school office and will only be accessible to school staff working with your child. In the event of a medical emergency, the information on this sheet may be shared with medical professionals. Once the medication is no longer required at school, the form will be shredded at the earliest convenience.