

**Parental agreement for schools to administer medicine.**

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

Name of School	<b>Yeading Infant School</b>
Name of Child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

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 needs to know about?	

Self-Administration	<b>Welfare Officer</b>
Procedures to take in an emergency	<b>Call 999 /Parent</b>

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	(agreed member of staff)

I 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) \_\_\_\_\_