



**KEREM SCHOOL**

**Parental agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form. In the case of liquid medicine a measured spoon must be provided with the medicine. If more than one medicine is to be given a separate form should be completed for each one.

Date	
Child's name	
Year	
Name of medicine	
Expiry Date	
When to be given	
Any other instructions	
Number of tablets/spoons per dose	
Daytime phone no of parent or adult	
Name and phone number of GP	
Agreed review date by Head	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school medical policy. I will inform the school 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 \_\_\_\_\_

Date \_\_\_\_\_