

Parental Agreement for the Administration of Medicine

Ogmore Vale Primary School will not give your child medicine unless you complete and sign this form, the school has a policy that staff can administer medicine on a voluntary basis.

Child's Name:

Year Group/ Class

Name and strength of the medicine

Expiry date

Dosage/ Duration of Medication

When to be given

Any other instructions

Number of tablets/ quantity to be given to school

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

Day time phone number of parent

Name and phone number of GP

Agreed review date to be initiated by Mrs V Thomas (Head Teacher).

I understand that I must deliver the medicine personally to the School Clerk or Mrs V Thomas. 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. I give consent to the school staff to administer the medicine in accordance with the school policy.

Name:

Date: