



Parental Agreement to Administer Medicine (Prescribed or Over the Counter Pharmacy bought only)

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns the request should be discussed with school healthcare Professionals.

Date

Child's Name

Class

Name, strength & format of medicine

Expiry date

Quantity of medication handed in.....

How much to give (dose to be given)

When to be given

Any other instructions

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

Daytime phone no. of parent or adult

Contact name and phone no. of GP

Agreed review date (if needed)

The above information is, to the best of my knowledge, accurate at the time of writing. I confirm that my child has been administered this medicine without adverse effect in the past and give my consent to Red House School staff administering medicine in accordance with the school 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:

If more than one medicine is to be given a separate form should be completed for each one.

_____ is authorised by the Headmaster to accept and administer the medication in the manner described above.

Signature of staff accepting medicine

Name



RED HOUSE
SCHOOL

**Request For Child to Carry His/Her Medicine
(Prescribed or Over the Counter Pharmacy bought only)**

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

**If staff have any concerns the request should be discussed with
school healthcare Professionals.**

Child's Name:

Class:

Name, strength and
format of Medicine:

.....

Procedures to be taken
in an emergency:

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Contact Information

Name:

Daytime Phone No:

Relationship to child:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed:

Date:

If more than one medicine is to be carried a separate form should be completed for each one.