

FORM C: Parental agreement for school to administer medicine for pupils with a SHORT TERM medical condition

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

Name of school	ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL
Name of child	
Date of birth	
Class	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
How much to give (ie dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	

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

Contact Details

Daytime telephone no.of parent or adult contact	
Name and phone no.of GP	
Agreed review date to be initiated by	[agreed member of staff]

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 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.

Signature(s) _____

Date _____