



Denby CE (VA)
First School
Goose Green
Upper Denby
Huddersfield
HD8 8UN



Farnley Tyas CE (C)
First School
Butts Road
Farnley tyas
Huddersfield
HD4 6TZ



Thurstonland Endowed (VC)
First School
Marsh Hall Lane
Thurstonland
Huddersfield
HD4 6XD

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

Name of Child:

Date of Birth: Class:

Medical Condition or Illness:

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Name / Type of Medicine:

Date dispensed: Expiry Date:

Dosage and Method: Timing:

Special Precautions:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to childcare provided staff administering medicine in accordance with the Federation Medical Policy. I will inform the provider immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to a member of staff.

Signed: Parent / Guardian / Carer

Signed: Staff

Date: