



## Moss Lane School

### Parental agreement for school to administer medicine

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

Child's name

Class

Medical condition/illness

#### Medicine

Name/type of medicine  
(as described on container)

Date dispensed and expiry date

<input type="text"/>	<input type="text"/>
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Dosage (spoonfuls)

Frequency/Time

#### Parental Contact Details

Name

Daytime telephone number

Relationship to child

I agree to members of staff administering medicines/providing treatment to my child as directed above or in the case of emergency as staff consider necessary.

I understand that I must deliver the medicine personally to the school office.

I accept that this is a service that the school is not obliged to undertake.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_