



**Parental/Head Teacher Agreement for School/Setting to administer medicine
Form F624b**

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

Name of School:	Little Plumstead CE VA Primary School
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date	/ /
How much to give (dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	
Medicines must be in the original container as prescribed by a GP/hospital and dispensed by the pharmacy	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by [name of 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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:	Date: / /
Print name:	

Confirmation of Headteacher's agreement to administer medicine		
It is agreed that	[name of child] will receive	[quantity and name of medicine]
every day at	[time medicine to be administered e.g. Lunchtime or afternoon break].	
	[name of child] will be given/supervised whilst he/she takes their medication by	
	[name of member of staff].	
This arrangement will continue until	[either end date of course of medicine or until instructed by parents].	

Head Teacher / Representative's signature:	Date: / /
Print name:	