



Confidential

Parental Agreement for School to Administer Medicine

The information on this document will be treated as confidential at all times.

Oughtrington Community Primary School is registered under the Data Protection Act.

Child's Details		
Surname	Forename	Date of Birth
Class		Medical Condition/Illness
Medicine		
Name/type of medicine (as described on the container)		
Date dispensed	Expiry Date	
Agreed review date to be initiated by Mrs Rurlander		
Dosage and method	Timing	Special Precautions
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		
Self Administration Yes/No (delete as appropriate)		
Contact Details		
Name		
Telephone Number (Home)	Telephone Number (Mobile)	Telephone Number (Work)
Relationship to the child		
Address		
I understand that I must deliver the prescribed medicine personally to the class teacher in its original state.		
Signature:		
I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.		
Signature:		Date: