

**Request to Administer Medicines Form**

Parental Agreement for School to Administer Medicine

**Date:**

**Pupil Name: DOB: Class:**

**Medical Condition / Illness**

**Name and strength of medicine:**

**Expiry Date:**

**Dosage & method:**

**When to be given:**

**How long the course will last for:**

**Other instructions:**

**Procedures to take in an emergency:**

**Contact Information**

**Name: Relationship to the child:**

**Home Telephone Number: Work Telephone Number**

**Work Telephone Number:**

**Name and telephone number of GP and Practice:**

**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 school policy. I will inform the school immediately, in writing, if there are any changes to the above information.**

**Signed: Print Name:**

**To be completed by staff**

**Agreed by: Signed:**