Bishop Wood School

Parental agreement for school to administer medicine

Medicine prescribed by a doctor and to be taken **four times** a day **only** can be administered by school medical staff. Medicine **must** be in its original packaging with dosage instructions as dispensed by the pharmacy.

Childs name Class	Date

Name of medicine	
Dose (how much to give)	
When to be given	
Any other instructions	

The above information is to the best of my knowledge, accurate at the time of writing and I give my consent to school staff administering medicine in accordance with the school's medical policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
Parents signature	
Name of parent (please print)	
Emergency Contact number	
Name and phone number of GP	

If more than one medicine is to be given a separate form should be completed for each one

STAFF USE ONLY – Record of dose given

Date	Time	Dose given	Staff signature