* Parental agreement for Warblington School to administer medication on School Site*

***MEDICATION MUST BE IN THE ORGININAL CONTAINER AS DISPENSED BY THE PHARMACY***

Child’s name and tutor group ……………………………………………………………

Name of medication ……………………………………………………………

Strength of medication ……………………………………………………………

Expiry date …………………………………………………………..

Start date and completion date …………………………………………………………..

How much to give – dosage …………………………………………………………..

When to be given ……………………………………………………………

……………………………………………………………

Any other information ……………………………………………………………

……………………………………………………………

Number of tablets left at School ……………………………………………………………



Emergency contact number ……………………………………………………………

Name of Doctor ……………………………………………………………

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to the School staff administering medication in accordance with the School policy. I will inform the School immediately, in writing, if there are any changes in dosage or frequency of the medication or if the medication is stopped.

Parent/Carer signature ……………………………………………………………

Print name ……………………………………………………………

Date ……………………………………………………………