



# ABBOTS FARM JUNIOR SCHOOL

*Learners for Life*

*Farmers Forever*

*Ambitious, Healthy Bodies and Minds, Reflective, Resilient*

Abbotts Way, Rugby,

CV21 4AP

Tel: 01788 576074

Email:

admin2421@welearn365.com

## Agreement for school/setting to administer medicine

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

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**X NB: Medicines must be shown to office in the original container as dispensed by the pharmacy. (See note below regarding dosage)**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address


I understand that I must deliver the medicine personally to **THE SCHOOL OFFICE (SINGLE DOSE ONLY IN SUITABLE CONTAINER)**

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 the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Date: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

