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|  | **TOWNFIELD PRIMARY SCHOOL****PARENTAL AGREEMENT FORM****ADMINISTRATION OF MEDICATION** Parental agreement for Townfield Primary School to administer medicineTownfield Primary School will not give your child medicine unless you fully complete and sign this form, and the school or nursery has a policy that staff can administer medicine  |

**CHILD DETAILS**

Name of Child

Date of Birth

Year Group/Class

Medical condition

Or illness

**MEDICINE**

Medicine details

as on container

Date dispensed

Dosage

Timing

Special precautions

Any side effects we

should know about?

**CONTACT DETAILS**

Parent/Carer Name

Contact number(s)

Relationship to child

Address

**I accept that this is a service that Townfield Primary School is not obliged to undertake.**

**I understand that I must notify Townfield Primary School/ of any changes in writing**

**I understand that medication must be delivered and collected by an adult from the appropriate office.**

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| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

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**Medication administered**

Medication approved by parent overleaf administered as follows:-

|  |  |  |
| --- | --- | --- |
| Date | Time | By Whom & info |
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