



## Parental agreement and Record of medicine administered to an individual child.

**NB: Medicine must be in the original container as dispensed by the pharmacy**

Name of school	Coxheath Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	
Date medicine provided by parent	
Name of medicine	
Expiry date	
Dose and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
Name of contact	
Daytime telephone number	
Relationship to child	
Address	

**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 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 medicine or if the medicine is stopped.**

Signature of Parent \_\_\_\_\_

Signature of Staff \_\_\_\_\_