Burnham on Crouch Primary School
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Parental agreement for school to administer medicine

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

Please note: Antibiotics can only be administered when the dose is 4 x daily (Unless otherwise requested by your GP)

Name of school	Burnham-on-Crouch Primary School
Child's name	
Class	
Date (first day of medication)	Is this ongoing medication? (More than 7 days)
Date (last day of medication)	Yes ☐ No ☐
Medical Illness/condition	
Name of medicine (described on original container)	
How much to give (i.e. dose to be given)	
When to be given	am / pm am / pm
Any other instructions	
Number of tablets (where applicable) given to school	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone number of parent **Or,** adult contact	
Name and phone number of GP	

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.

Print name …….

Parent's signature …….

Date ……/……../……