

## Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

**Name of school** St Olave's School, York

**Date** \_\_\_\_\_

**Child's name** \_\_\_\_\_

**Form/House** \_\_\_\_\_

**Name & strength of medicine** \_\_\_\_\_

**Expiry date** \_\_\_\_\_

**Dose to be given** \_\_\_\_\_

**When to be given** \_\_\_\_\_

**Amount given to school** \_\_\_\_\_

**Start date** \_\_\_\_\_

**Finish date** \_\_\_\_\_

**Any previous reaction to medicine** \_\_\_\_\_

**Any other instructions** \_\_\_\_\_

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

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. **At the time of writing I can confirm that the above pupil has not suffered an adverse reaction to the medication in the past.**

**Parent's signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

*If more than one medicine is to be given a separate form should be completed for each one.*