



St Peter's
8-13YORK

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 Peter's 8-13 (St Peter'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.