



Neatishead, Salhouse & Fleggburgh Federation

Parental agreement to administer medicine

Date/duration:	
Child's name:	
Date of birth:	
Class & year group:	

Medicine:

Name/type of medicine (as described on the container)			
Expiry date:			
How much to give (dose to be given)			
When to be given:			
Reason medication needed:			
Are there any side effects that school needs to know about?			
Self-administration	Yes / No	Prescribed by a doctor	Yes / No

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

Contact Details

Daytime phone number of parent/adult contact:	
Name and number of GP:	

Parent/carer signature:	
Print name:	
Date:	