



Neatishead, Salhouse & Fleggburgh Federation

Parental agreement to administer medicine

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 Yes / No doctor 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:	Date/duration:						
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