



**BEMPTON PRIMARY SCHOOL**  
**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

We are unable to give your child their prescribed medicine unless you complete and sign this form.

Name of child	
Class	
Date of birth	
Medical diagnosis or condition	

**MEDICATION INFORMATION**

Please complete as described on the container

Name of medication		
Type		
Expiry date of medication		
Start date		
End date		
Dosage		
Time required		
Allergies / side effects		

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

**CONTACT DETAILS**

Contact name	
Daytime telephone / mobile	
Relationship to child	
Address	
Any other information	

I give consent for school staff to administer the above mentioned prescribed medication(s) to my child. I understand that I must deliver the medicine(s) personally to the school office and collect from the school office on a daily basis.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes

Parent/guardian signature		Date	
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*Further information on medical needs and administering of medicines can be found on the 'key information' section of our website*

**RECORD OF ADMINISTERED PRESCRIBED MEDICATION**

DATE	TIME GIVEN	DOSE GIVEN	MEMBER OF STAFF	STAFF SIGNATURE

Date medication completed / returned to parent		Signed (parent / guardian)	
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