



Parental agreement for school to administer medicine

Name of school	Langford Village Academy
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The School office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to a member of first aid trained staff to administer medicine in accordance with the school policy.

Signature(s) _____

Date _____