

# Carter's Charity Primary School

## Parent/Carer Agreement with School to Administer Short Term Medication

***Medication must be prescribed by the child's doctor or other medical professional.***

***Dosage must exceed 3 times a day to be administered in school.***

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Date Dispensed: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Dosage: \_\_\_\_\_ When to be given: \_\_\_\_\_

Any side effects that may occur?

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Any other instructions?

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The above information is, to the best of my knowledge, accurate and I give consent to school staff administering the medication stated above in accordance with school policy and with prescription instructions. I will ensure that this form is completed each day of the necessary administration. This proviso does not relate to long term preventative medicine. I will ensure that medicine is stored in school does not go past expiry date.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Parent/Carer:** Sign below & return this form to school to agree to medication being administered on the date signed. ***We cannot administer medication without a daily, dated signature.***

**Staff:** Sign in box below when medication has been administered to the child on date parent/carers has signed.

Date	Parent/Carer's Signature Please administer medicine on date signed	Staff Signature – I have administered above medication as instructed by parent/carers