

Cornist Park CP Primary School

Request To Administer Medicine

Parental Agreement for school to administer medicine to your child

- **The school will not give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine.**
- **Medicines must be in the original container as dispensed by the pharmacy.**
- **Non prescription Medicines must be administered by parents out of school hours if at all possible but will in exceptional circumstances be administered by school.**
- **If at all possible, prescribed medicine should be administered at home by parents during out of school hours. Please discuss if this is possible with your Doctor/ Dentist.**

Date: _____ **Class:** _____

Name of Child: _____

Name of Medicine/Tablets: _____

Expiry Date: _____

Dose to be administered: _____

When to be administered: _____

Any other instructions: _____

Day time phone number of parent: _____

Name and Phone number of GP: _____

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform school immediately in writing if there is any change on dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Signature: _____ **Print Name:** _____