

# HEXHAM FIRST SCHOOL

## Parental Agreement for School to Administer Medicine

**The school will not give your child medicine unless you complete this form, and the school has a policy that staff can administer medicine.**

Name of School: **Hexham First School**

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year Group: \_\_\_\_\_

Name and Strength  
Of Medicine: \_\_\_\_\_

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

How much to give  
(i.e. dose to be given): \_\_\_\_\_

Any other instructions: \_\_\_\_\_  
\_\_\_\_\_

**Note: Medicines must be in the original container as dispensed by the pharmacy.**

Daytime phone number of  
Parent or adult contact: \_\_\_\_\_

Agreed review date to be  
Initiated by Mrs Overton: \_\_\_\_\_

**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 school policy.**

Parent's Signature: \_\_\_\_\_

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

**If more than one medicine is to be given a separate form should be completed for each one.**