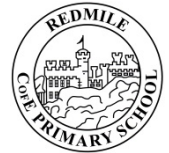


Parental agreement for Redmile School to administer medicine



The school will not give your child medicine unless you complete and sign this form; medication will only be administered according to the DLAT and school medication policy, available on our website.

Name of School	Redmile CE Primary School
Name of child	
Date of birth	
Group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Duration	
Special precautions/other instructions	NB Non prescribed pain relief will only be administered for a maximum of 3 days.
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
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	
Name of staff who will administer medicine	A record sheet will be on the reverse.

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 DLAT and school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____