

**Parental/Head Teacher Agreement for School/Setting to administer  
medicine  
Form F624b**

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

<b>Name of School/Setting</b>	
<b>Date</b>	
<b>Child's Name</b>	
<b>Group/Class/Form</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	/ /
<b>How much to give (dose to be given)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Number of tablets/quantity to be given to school/setting</b>	
<b>Medicines must be in the original container as dispensed by the pharmacy</b>	
<b>Daytime phone no. of parent or adult contact</b>	
<b>Name and phone no. of GP</b>	
<b>Agreed review date to be initiated by [name of member of staff]:</b>	/ /

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

<b>Parent's signature:</b> <b>Print name:</b>	<b>Date:</b> / /
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**Confirmation of Headteacher's agreement to administer medicine**

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. Lunchtime or afternoon break].

[name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

**Head Teacher signature:**

**Print name:**

**Date:** / /