**Medical Care – Form 1**

**Parental agreement for school to administer medicine**

Name of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical condition/illness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container):

Dosage and Method:

Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates to administer from and to:**

From:\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any side effects that the school needs to know about:**

**Self administration:** Yes / No (delete as appropriate)\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to**

**undertake.**

**I understand that I must notify the school of any changes in writing**

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: