

CLAVERLEY PRIMARY SCHOOL

Parental Agreement for School to Administer Medicine

The school will not give your child medicine/asthma inhalers unless you complete and sign this form

Name of child

Date of birth

Class

Medical condition or illness

Name/type of medicine
(**MUST** be in original container)

Dosage and Time

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

Contact Details

Name

Daytime telephone no.

Relationship to child

I 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 to my child's medication in writing.

Date _____ Signature(s) _____

Please note:

It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with **medication that is clearly labelled and in date.**