

Buckden Church of England Primary Academy

Parental Agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.
Name of Child
D.O.B
Class
Medical condition/illness
Are there any side effects caused by the medicine detailed overleaf? Yes / No
Please give details
If necessary, do you give permission for your child's photo to be displayed on the Medical Needs Board? Yes / No
Parental / Guardian Contact Details
Name
Daytime telephone number
Relationship to child
Address
I understand that I must deliver and collect 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.
Signed Date



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Child's Name Dates to Administer From				
give consent to	o a first aider using	the inhaler provided by the school if my child's inl	haler is not school or is out of date.	
Name of Medic	ine	Dosage		Time to be administered
Date	Time	Dose	Signature	Witness signature
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