



## PARENTAL AGREEMENT FOR FURROWFIELD SCHOOL

### TO ADMINISTER MEDICINE

**Furrowfield School will not give your child medication unless you complete and sign this form. The school has a Medicines Policy for authorised staff to follow when administering medicine.**

Name of Child: .....

Date of Birth: .....

Medical Condition or Illness: .....

#### **MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

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

Expiry Date: .....

Dosage and Method: .....

Timing: ..... Self-Administration: Yes/No

Special Precautions/other Instructions: .....

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

Procedures to follow in an Emergency: .....

#### **Contact Details:**

Name: ..... Tel. No.: .....

Relationship to Child: .....

Address: .....

I understand that I must deliver my child's medication personally to school. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for Furrowfield School staff to administer medicine in accordance with the school's Medicine Policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed (Parent/Carer): ..... Date: .....

Received by: .....  
(Member of Furrowfield School Staff authorised to administer medication)