Together we shine
TEMPLE Grafton
C of E Primary School

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Head Teacher: **Tara Yorke**

AGREEMENT FOR SCHOOL SETTING TO ADMINISTER MEDICINE

Name of School	
Name of child	
Date of birth (dd/mm/yyyy)	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Expiry Date	

Agreed review date to be initiated by	
Dosage and Method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	**Yes / No** (delete as appropriate)
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone number	
Relationship to child	
Address	

I understand that I must deliver the medicine to Mrs Harvey and that medicines should be in the same container as dispensed by the pharmacy.

The above information is to the best of my knowledge accurate at the time of writing and I understand that I must notify the school of any changes in writing.

Date: Parent Signature(s)

_____

I consent to staff administering the above to my child.

Record of medicines administered

Name of child	
Normal Medicine	
Strength/dose	
Special Instruction	

Date	**Time**	**Name of Medicine Or N (Normal as above)**	**Dose given or S (Standard)**	**Any reactions**	**Signature of staff**	**Print Name**