



Radnage Church of England VA Primary School

City Road, Radnage, High Wycombe, Buckinghamshire, HP14 4DW
01494 482167 office@radnage.bucks.sch.uk

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date	
Review Date	
Name of school	Radnage Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

***Medicines must be in the original container as dispensed by the pharmacy**

*** It is the parent/guardian's responsibility to have medication in school at all times.**

Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to:	Mrs Stevens, School Office or Class Teacher.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____