



Tanners Wood JMI School

ESTABLISHED 1952

Head Teacher: Mrs P Qureshi

Parental Agreement for Tanners Wood School to Administer Medicine

We will not give your child medicine unless you complete and sign this form.

Child's Name: _____

Class: _____

Name of medicine: _____

Expiry date: _____

How much to give (ie dose to be given): _____

When to be given: _____

Any other instructions: _____

Number of tablets/quantity to be given to school: _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone number of parent/carer: _____

Name and phone number of GP: _____

Agreed review date: _____ to be decided by Jenny Morley (Interim Head)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Tanners Wood School staff administering medicine in accordance with the schools 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.

Parent's signature: _____

Print Name: _____

Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

Confirmation of the Head's Agreement to Administer Medicine

It is agreed that _____ will receive _____ [quantity and name of

medicine] every day at _____ [time medicine to be administered e.g. Lunchtime or afternoon break].

_____ [name of child] will be supervised whilst he/she takes their medication by

_____ [name of member of staff].

This arrangement will continue until _____ [either end date

of course of medicine or until instructed by parents].

Date:

Signed: _____

Mrs P Qureshi

Record of Medicine Administered to an Individual Child

Name of Child: _____

Date medicine provided
by parent: _____

Class: _____

Quantity received: _____

Name and strength of
Medicine: _____

Expiry date: _____

Quantity returned: _____

Dose and frequency of
Medicine: _____

Staff signature: _____ Parent signature: _____

Date	_____	_____	_____
------	-------	-------	-------

Time Given	_____	_____	_____
------------	-------	-------	-------

Dose Given	_____	_____	_____
------------	-------	-------	-------

Name of member of staff	_____	_____	_____
----------------------------	-------	-------	-------

Staff initials	_____	_____	_____
----------------	-------	-------	-------

Date	_____	_____	_____
------	-------	-------	-------

Time Given	_____	_____	_____
------------	-------	-------	-------

Dose Given	_____	_____	_____
------------	-------	-------	-------

Name of member of staff	_____	_____	_____
----------------------------	-------	-------	-------

Staff initials	_____	_____	_____
----------------	-------	-------	-------

Date	_____	_____	_____
------	-------	-------	-------

Time Given	_____	_____	_____
------------	-------	-------	-------

Dose Given	_____	_____	_____
------------	-------	-------	-------

Name of member of	_____	_____	_____
-------------------	-------	-------	-------

staff

Staff initials

Date

Time Given

Dose Given

Name of member of
staff

Staff initials

Date

Time Given

Dose Given

Name of member of
staff

Staff initials
