

Parental agreement for Hadleigh Infants and Nursery School to administer medicine

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

Any medication to be kept in school must be clearly labelled with child's name and must be in the original container as dispensed by the pharmacy.

Name of School	Hadleigh Infants and Nursery
Name of child	
Date of birth	
Class name	
Medical condition / illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing (please circle)	7:30 / 11:30 / 3:30
Special precautions	
Side effects that the school need to know about	
Contact Details	
Parent/Guardian Name	
Daytime telephone number	
Relationship to child	
Address	

Agreement

I understand that I must deliver the medicine personally to Mrs. J. Reader or MrsT Dellas. I understand the medicine will be administered by a member of staff who has paediatric first aid training. The above information is, to the best of my knowledge, accurate at the time of writing and 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: _____

Date: _____