*Headteacher: Jason Osprey*

FIRBECK SCHOOL PARENTAL AGREEMENT

Medicine Consent and Recording Form

THE SCHOOL WILL NOT ADMINISTER YOUR CHILD’S MEDICINE UNLESS YOU SIGN AND COMPLETE THIS FORM AND HAND IT AND THE MEDICINE TO RECEPTION

|  |  |
| --- | --- |
| Child’s Name |  |
| Class |  |
| Date |  |

|  |  |
| --- | --- |
| Name /Type of Medicine number 1 (as described on the container): |  |
| Dosage: |  |
| Instructions for use: |  |
| Storage details (if applicable): |  |

|  |  |
| --- | --- |
| Name/Type of Medicine number 2 (as described on the container): |  |
| Dosage: |  |
| Instructions for use: |  |
| Storage details (if applicable): |  |

|  |  |
| --- | --- |
| Parent/Carer Signature |  |
| Contact number |  |

|  |  |
| --- | --- |
| RECD BY OFFICE STAFF |  |
| DATE |  |

|  |
| --- |
| I accept that this is a service that school is not obliged to undertake. I will inform school of any changes in writing and I give my consent to school to administer this medicine in accordance with school procedures and policy |