Parental Agreement to Administer Medicine



at Woolpit Primary Academy

The school will not give your child medicine unless you can complete and sign

this form and the headteacher has agreed that school staff can administer

the medication.

**Pupil Details.**

|  |  |
| --- | --- |
| Name |  |
| Class  |   | DOB |  |
| Condition or illness |  |

**Medication.**

|  |  |
| --- | --- |
| Name of Medication |  |
| Is this medication prescribed by the doctor? | Yes | No | Date Prescribed |  |
| Dosage |  | Time |  | Self-Administered | Yes | No |
| Side Effects |  |

**Contact Details.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone Number |  |

My child’s doctor has prescribed the above medication, or I have requested that the above medication be administered. I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake.

I understand that neither the headteacher nor anyone acting on his/her authority, nor the Governing body, or the Trust will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the head teacher, the person acting on his/her authority, the governing body or the Trust, as the case may be.

|  |  |
| --- | --- |
| Signature of Parent/ Guardian |  |
| Date |  |
| Relationship to Pupil |  |