Sir John Lawes School
Education for a changing world

PARENTAL AGREEMENT FOR ADMINISTRATION OF MEDICINE AT SCHOOL

Name of School	SIR JOHN LAWES SCHOOL
Date	
Student forename	
Student surname	
Name of medicine	
Strength of medicine	
Expiry date of batch	
Dose to be administered in school (including quantity of tablets)	
When to be given	
Any other instructions	

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

Emergency daytime contact number of parent or guardian	Name of parent …………………………………………... Contact number …………………………………………..
Name of GP	
Address of GP surgery	
Contact number of GP	

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 the medication (dosage or frequency) or if the medication is stopped.

Signed (parent or guardian): ____

Date: ____