

Parental Agreement for School to administer Medication

School will not give your child medication unless you complete and sign this form, and the school has the policy that staff can administer medicine.

Name Of School: Hutton Henry CE Primary School

Name of Child:

D.O.B.

Emergency Contact:

Daytime Telephone:

Name and Telephone of G.P :

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school to administer medication in accordance with the schools policy, give urgent medical advice and medication in an emergency scenario.

Parent/ Guardian Signature:

Print Name:

Date: