

## Parental instruction for the school to administer medication

This form must be completed by the parent before any medication is administered or stored within school.

Name of student:	Date of birth:	Tutor Group:
Medical condition requiring medication:		
Address:		

Date:	Name of medication:	Amount supplied:	Expiry date:	Dosage regime:	School Agreement & Health Form Completed

I authorise that my child ..... will receive  
 ..... (please provide details of medication and dosage ) at  
 the following times each day (e.g morning break, lunchtime or as required according to  
 symptoms) .....

I understand that he/she will be supervised whilst the medication is taken.

This arrangement will continue until either the end date of the course of medicine or until instructed by myself, the parent/guardian.

Name of parent/carer .....

Signed by parent/carer ..... Date .....

Relationship to student .....

This form should be kept with the medication and checked before administering anything to the student.