



A Christian ethos.
A nurturing Community.
A place to Thrive.

HOLY TRINITY C.E. PRIMARY SCHOOL

EIGHT ASH GREEN & ALDHAM
Fiddlers Folley, Fordham Heath,
Colchester CO3 9UE
Tel: (01206) 240880

Headteacher: Mrs Ceri Daniels BA (Hons), MA Ed.

Email: admin@eightashgreen.essex.sch.uk

www.holytrinityeightashgreen.co.uk

Parental Agreement for School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school	
Name of child	
Date of birth	/ /
Class and Year	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Has this medicine been administered to the child before, without any adverse side effects?	Please give details if No
Are there any side effects that the school/setting needs to know about?	
Self administration?	
Procedures to take in an	

Protecting your information –
See our Privacy statement @
<http://www.holytrinityeightashgreen.co.uk/data-protection/>



emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency	
I understand that I must deliver the medicine personally to	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date _____ Signature(s) _____