



To Flourish & Grow

HOLY TRINITY C.E. PRIMARY SCHOOL
EIGHT ASH GREEN & ALDHAM

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LIFE
 Education
 Trust

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 <i>(as described on the container)</i>	
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 affects?	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	



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) _____