



ST. KATHARINE'S C.E. (V.A.) PRIMARY  
SCHOOL  
Rolls Drive · Southbourne · Bournemouth BH6 4NA



## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

*The school will not give your child medicine unless you complete/sign this form and the Head Teacher has agreed that school staff can administer medicine. All medication must be in its original packaging.*

Childs Name	Class
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Childs Condition/Illness	Medicine 1
	Dose
	Expiry Date
	Medicine 2
	Dose
	Expiry Date

Time last dose of this medicine was given by the parent/carer	
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DATE to start at school for course of medicine	
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DATE to finish at school for course of medicine (please complete or medicine will be given for 1 day)	
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Time medicine to be given at school	
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Any additional information or instructions	
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*I accept that this is not a service that the school is obliged to provide. I understand that I must deliver/collect the medicine personally to/from the school office.*

Person with parental responsibility name	
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Person with parental responsibility signature	
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Date	
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*In case of emergency we will use the contact details we have on record.*

**Office note:** Temp medicine TA notified and in staff room  Temp medicine form filed   
Permanent medicine excel sheet updated, integris updated, store in office cupboard

**Staff initial:** \_\_\_\_\_

**Expiry date for permanent medication:**