Norfolk County Council

Parental/Headteacher agreement for Hethersett Woodside Primary & Nursery School to administer medicine

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

Name of child Group/class/form

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Medical condition or illness

# Medicine

Name/type of medicine

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*(as described on the container)*

Expiry date

Dosage and method

When to be given Any other instructions

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency

# NB: Medicines must be in the original container as dispensed by the pharmacy

**Contact Details**

Name

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Daytime telephone no of Parent/Carer Name & Phone No of GP

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Form Med 1

Date