

**FORM 3 – DAVISON C E HIGH SCHOOL FOR GIRLS**  
**Parental agreement for school to administer medicine**

The school are unable to administer medication to your child unless you complete and sign this form

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Class/Form \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

Name and Strength of medicine \_\_\_\_\_

Expiry Date \_\_\_\_\_

Dosage and method \_\_\_\_\_

When to be given \_\_\_\_\_

Special Precautions/Other Instructions \_\_\_\_\_

Any other instructions \_\_\_\_\_

Self-administration Yes / No (Please delete as appropriate)

Number of tablets/quantity to be given to school \_\_\_\_\_

Date for review \_\_\_\_\_

To be initiated by (member of staff) \_\_\_\_\_

**Note: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

Parent/Carer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.