



Parental agreement for the Richmond upon Thames School to administer medicine

The Richmond upon Thames School will not give your child medicine unless you complete and sign this form.

I give consent for medication provided by the parent/carer can be administered to my child by a designated member of the Richmond upon Thames School staff.

I do not give consent for medication provided by the parent/carer can be administered to my child by a designated member of the Richmond upon Thames School staff.

Name of student	
Date of Birth	
Medical condition/illness	
Medicine to be administered	
Name/type of medicine (as named on the container)	
Expiry date	
Dosage	
Frequency/timing	
Method	
Special precautions/instructions	
Self administration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures in an emergency	
Name of person to contact	
Daytime and mobile numbers	
Relationship to student	

Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate and I give consent to school staff administering medicine in accordance with the school guidance. 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.

Signed

Date

Print name