



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.

Date for review to be initiated by	
Name of student	
Date of birth	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration? Yes / No	
Procedures to take in an emergency	

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

Contact details

Name	
Daytime telephone no.	
Relationship to student	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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.

Signature(s) _____ Date _____