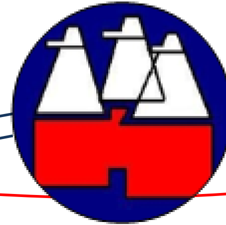
Paddock Wood Primary School
A school of excellence and enjoyment at the heart of its community



t 01892 833 654
e office@paddock-wood.kent.sch.uk

Parental agreement for the administration of medicines

The school will not give your child medicine unless you complete and sign this form.

Child's name:	Date of Birth:	Class:
Condition / Illness:		
Name of Medicine:		
Where medicine kept:	Expiry date:	
How much (dose) to give:	When to give it:	

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

CONTACT DETAILS	
Name of contact:	Telephone number:
GP Details:	

CONSENT	
This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school staff, to administer the 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/Guardian signature:	Date:
Print name:	

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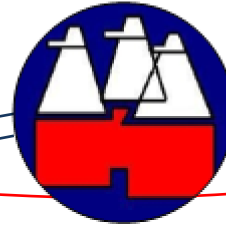

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Record of medicines administered to an individual child

To ensure:

- **The right medicine**

For

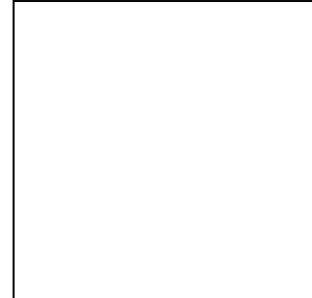
- **The right child**

At

- **The right time**

At

- **The right dose**



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Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
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