

For information.

A copy of this form is on the School website when the occasion arises that you need it.



Durham High School

Parental Agreement for School to Administer Medicine

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

Name of Pupil Form

Name/strength of medicine	Expiry Date	Dosage	Any other instructions	Quantity/no of tablets given to school

Name and telephone number of GP	
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Note: Medicines must be the original container as dispensed by the pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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's signature Print name

Daytime telephone number of parent

Date

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