

Kingsway Primary School Parent Agreement for school to administer medication



Kingsway Primary School requires you to complete and sign this form to enable us to give your child medication. The school has a policy that the staff can administer medication and further guidance is available on school website.

Name of Child	
Date of Birth	
Class	
Medical Condition/Illness	

Medicine

Name/type of Medicine (as on container)	
Date Dispensed	
Expiry date	
Dosage/Method	
Timing	
Special Precautions	
Any side effects to be aware of?	
Self-Administration	Yes/No
Procedures to be followed in event of emergency	

Contact Details

Name	
Contact Number	
Relationship to child	
Address	
I understand I must deliver the medication personally to (named member of staff)	

I accept that this is a service that the school is not obliged to undertake and I understand that I must notify the school of any change in writing

Date _____ Signature _____

Print Name _____