

**Annex C Administration of Medicines**  
**Parental Consent for Staff at Hulland Church of England Primary School**  
**to Administer Medicine**

The school will not give your child medicine unless you complete and sign this form, has a policy that staff can administer medicine, and staff consent to do this.

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Child's name

Year Group

Medical condition or illness

**Medicine**

Name/type of medicine/strength  
*(as described on the container)*

Dosage and method

Timing – when to be given

Any other instructions eg storage

Are there any side effects that the  
 School needs to know about?

I understand that I must deliver the medicine personally to (agreed member of staff)

The above information is, to be 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 if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the School is not obliged to undertake.

Parent's signature \_\_\_\_\_ Print Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Date \_\_\_\_\_

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

**To be completed by staff administrating the medicine**

Day	Time	Dose	Staff Signature	Time	Dose	Staff Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						